

S. No. 300  
v. 10.48

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4447 State File No. 7024

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Valley Park</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Valley Park</u>	
c. LENGTH OF STAY (in this place) <u>36 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>610 Vest Ave.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>610 Vest Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>		b. (Middle) <u>E.</u>	
		c. (Last) <u>Scott RILEY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 29 1889</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 1 YEAR Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Moselle Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>Amer.</u>	
13a. FATHER'S NAME <u>Nelson Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Clara McCourtney</u>	
		14. NAME OF HUSBAND OR WIFE <u>Jiles Riley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Jiles Riley</u>	
		ADDRESS <u>610 Vest Valley Park Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of uterus with metastases in abdomen</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (In or about home, farm, factory, street, police bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/23, 1951</u> , to <u>2/1, 1951</u> , that I last saw the deceased alive on <u>1/29, 1951</u> , and that death occurred at <u>3:30 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Queenie M. Spence MD</u>		23b. ADDRESS <u>Kirkwood Mo</u>	
		23c. DATE SIGNED <u>2/3/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-5-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/4/51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Lomb MD</u>	
		FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>	
		ADDRESS <u>Kirkwood 22 Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4001

MAR 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *William H. Peterson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *40312*

P. O. Address *Kankakee, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.