

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14720
Registrar's No. 4116

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City 6501	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓ 5924 Wanda Ave.		d. STREET ADDRESS (If rural, give location) 208 George St.	

3. NAME OF DECEASED (Type or Print) p. (First) Isabelle b. (Middle) M. c. (Last) Scott	4. DATE OF DEATH (Month) (Day) (Year) 4-26-51
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed ✓	8. DATE OF BIRTH March 23, 1876	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Months 1	10. UNDER 2 HRS. Days 4
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Bonne Terre, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Woodson Ketcherside	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE ✓
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. George Batalabar	ADDRESS Crystal City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mixed infection of the respiratory tract 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 527.2
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22. I hereby certify that I attended the deceased from March 29, 1951, to April 26 1951, that I last saw the deceased alive on 4-26, 1951, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Paul McRae, D.O. (Degree or title)	23b. ADDRESS 5025 Washington St. Louis, Mo.	23c. DATE SIGNED April 26, 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 29, 1951	24c. NAME OF CEMETERY OR CREMATORY Gamel	24d. LOCATION (City, town, or county) (State) Festus, Mo.
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DATE REC'D BY LOCAL REG. MAY 1 1951	REGISTRAR'S SIGNATURE J. B. Casato	25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Pate	ADDRESS Crystal City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Anthony R. Polite

Licensed Embalmer No. 3481

P. O. Address

Crystal City, 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.