

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10573

MAR 29 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2459**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4356a Manchester Ave.		e. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2189	
d. STREET ADDRESS 4356a Manchester Ave.		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) Dr. CASH		a. (First) L.	b. (Middle) SCOTT
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Mar. 12 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8, 1895
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Osteopath		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Scott, Ohio
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Dr. William C. Scott	
13b. MOTHER'S MAIDEN NAME Minta White		14. NAME OF HUSBAND OR WIFE Lela B. Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 1		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Lela B. Scott		ADDRESS 99 Newham St. Wilmington, Ohio	
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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Sclerosis		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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H. 201		22. I hereby certify that I attended the deceased from Aug 15th 1951 , to March 12, 1952 that I last saw the deceased alive on March 10, 1952 and that death occurred at 12:50^{PM} m., from the causes and on the date stated above.	
23a. SIGNATURE J. B. Jarrow MD.		(Degree or title)	
23b. ADDRESS 529 N. Grand		23c. DATE SIGNED 3/1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)		24b. DATE 3-14-52	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Wilmington, Ohio.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 14 1952		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
ADDRESS 4228 S. Kingshighway Bl			

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 *Edwin A. M. Bennett* _____

Licensed Embalmer No. *3024* _____

P. O. Address _____

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.