

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10574

State File No.

318

1003

Registrar's No. 2207

| | | | | | |
|---|---|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) _____ | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | 2119 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4447 W. Bell</u> | | | d. STREET ADDRESS (If rural, give location) <u>4447 W. Bell</u> | | |
| 3. NAME OF DECEASED (Type or Print) <u>Savana</u> | | a. (First) | b. (Middle) | c. (Last) <u>Scott</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 6 1952</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 7, 1908</u> | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Augusta, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Abner Mozell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosie Kemp</u> | | 14. NAME OF HUSBAND OR WIFE <u>Louis Scott</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>490-36-4728</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Jones</u> ADDRESS <u>4447 W. Bell</u> | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u> ANTECEDENT CAUSES <u>Heart disease</u> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> |
| 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? <u>H-201</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>2-15, 1952</u> to <u>3-2, 1952</u> that I last saw the deceased alive on <u>2-2, 1952</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Carl Smith M.D.</u> (Degree or title) | | 23b. ADDRESS <u>439 E. N. Market</u> | | 23c. DATE SIGNED <u>3-8-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>3-10-52</u> | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) <u>Augusta, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>MAR 8 1952</u> | REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. S. Keane</u> | | ADDRESS <u>1221 N. Grand</u> |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

C. Green

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.