

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

30021

8121

SEP 8 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY 2119			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			d. STREET ADDRESS (If rural, give location) 11 4329 Enright ave.				
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) H.		c. (Last) Scott			
4. DATE OF DEATH (Month) (Day) (Year) August 23 1952		5. SEX male 2		6. COLOR OR RACE Colored			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 12, 1882		9. AGE (In years last birthday) 70			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Alb. /			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME William Scott		13b. MOTHER'S MAIDEN NAME unknown			
14. NAME OF HUSBAND OR WIFE Mattie R. Scott		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mattie R. Scott		ADDRESS 4329 Enright					
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) Hypertensive Heart Disease  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH Undet.  "	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443x			
22. I hereby certify that I attended the deceased from 8-18, 1952, to 8-23, 1952, that I last saw the deceased live on 8-23, 1952, and that death occurred at 10:50 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Charles P. Forde M.D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 8-25-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug. 28, 1952		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.			
24d. LOCATION (City, town, or county) (State) St. Louis, country, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son 2629-31 Cole Street					
DATE REC'D BY LOCAL REG. AUG 27 1952		REGISTRAR'S SIGNATURE Carl Smith MD		ADDRESS 2629-31 Cole Street			

(Licensed Embalmer's Statement on Reverse Side)

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.....

*W. Claude Gordon*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3489*

P. O. Address *4575 Alder*

**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.