

FILED AUG 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27338

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2009

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

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin		c. LENGTH OF STAY (In this place) 66 days		c. CITY OR TOWN Jefferson Barracks		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home				e. STREET ADDRESS (If rural, give location) 2710 West Laun									
3. NAME OF DECEASED (Type or Print) a. (First) Lee			b. (Middle) Albert		c. (Last) Scott		4. DATE OF DEATH (Month) (Day) (Year) July 21, 1953						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH March 20, 1884		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk				10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and State or Foreign Country) Denver, Colorado				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Ira A. Scott				13b. MOTHER'S MAIDEN NAME Josephine Shehan				14. NAME OF HUSBAND OR WIFE Unavailable					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 494-07-1592		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose M. Davis, 5722 Goener Ave.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac dilatation								1 day			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis								1 yr.			
		DUE TO (c) Blind in left eye								2 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222								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) (Min.)			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 6-4 , 19 53 , to 7/21 , 19 53 , that I last saw the deceased alive on 7/16 , 19 53 and that death occurred at 8:05a m., from the causes and on the date stated above.													
23a. SIGNATURE R. A. Sheslie (Degree or title)						23b. ADDRESS Highwood in Mo.			23c. DATE SIGNED 7/21/53				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-24-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.						
DATE REC'D BY LOCAL REG. 7-22-53			REGISTRAR'S SIGNATURE Herbert R. Dombek			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry L. Weidemueller, 6203 Gravois							

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,, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton B. Penelico*.....

Licensed Embalmer No. *4283*.....

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.