

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3263

State File No.

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0812

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)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 1401 Granville Place		STREET ADDRESS (If rural, give location) 1401 Granville Place 2069			
3. NAME OF DECEASED (Type or Print) Walter		a. (First)		b. (Middle)	
c. (Last) Scott Sr.		4. DATE OF DEATH (Month) (Day) (Year) Jan. 24 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 6 1884		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Decorating	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? 0			
13a. FATHER'S NAME William Scott		13b. MOTHER'S MAIDEN NAME Helen Fitzgerald		14. NAME OF HUSBAND OR WIFE Ida Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. Spanish-Amer.		17. INFORMANT'S SIGNATURE OR NAME Ida Scott	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) 2. 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) 331X	
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 <u>Aug</u> , 19 <u>52</u> , to <u>Jan</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-24</u> , 19 <u>54</u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Rev. Reilly</u>		23b. ADDRESS <u>730 Hodson St. W. E.</u>		23c. DATE SIGNED <u>1-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>1/27/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan's</u>			
DATE REC'D BY LOCAL REG. JAN 26 1954		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		ADDRESS <u>2849 N. Euclid Ave.</u>	

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

Student.....
Signature of Student Embalmer

Signed..... *Albert Mayfield*

Licensed Embalmer No. *30*

P. O. Address *St. Paul*

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.