

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39631

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>2712</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. LENGTH OF STAY (in this place) <u>97yrs</u>		c. CITY OR TOWN <u>Webster Groves</u>		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 <u>Res. 463 W. Big Bend</u>				e. STREET ADDRESS (If rural, give location) <u>463 W Big Bend</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Amelia</u> c. (Last) <u>Scott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1954</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 6, 1857</u>	9. AGE (In years last birthday) <u>97yrs</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Samuel Pettigrew</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Flaherty</u>		14. NAME OF HUSBAND OR WIFE <u>J. Horace Scott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frederick C. Ahrens 463 W. Big Bend</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Liver</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Vascular disease</u> DUE TO (c) <u>Jaundice</u> 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>18 mos.</u> <u>Chc.</u>	
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)		1561		
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?				
22. I hereby certify that I attended the deceased from <u>July 14, 1953</u> , to <u>Nov. 22, 1954</u> , that I last saw the deceased alive on <u>Nov. 22, 1954</u> , and that death occurred at <u>4:53 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. H. Shaughnessy M.D.</u>				23b. ADDRESS <u>Webster Groves Mo.</u>		23c. DATE SIGNED <u>11-23-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11/24/54</u>		REGISTRAR'S SIGNATURE <u>Hebert R. Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. Alexander &amp; Sons 6175 Delmar</u>				

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

Dr O P Seabank  
No 1 5002  
3-5

MS SEP 24 1959

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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.....

Licensed Embalmer No. 216

P. O. Address..... 6175 D

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.