No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43998

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11767

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 11 4312 W. Belle 2119 O

3. NAME OF DECEASED (Type or Print): a. (First) Olive b. (Middle) c. (Last) Scott

4. DATE OF DEATH (Month) 12 (Day) 24 (Year) 54

5. SEX: FEMALE 3
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid. 2
8. DATE OF BIRTH: 10-5-1897
9. AGE (In years last birthday): 57 — 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): Day Work
10b. KIND OF BUSINESS OR INDUSTRY: Private Family
11. BIRTHPLACE (City and State or Foreign Country): Trigg Co. Cadiz Ky
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Benjamin Grant
13b. MOTHER'S MAIDEN NAME: Catherine Baker
14. NAME OF HUSBAND OR WIFE: Walter Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Dorothy Kohlheim — ADDRESS: 2601 N. Whittier

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub-arachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Undt.

ANTECEDENT CAUSES
Morbid 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.* Organic brain syndrome, cerebral arteriosclerosis. Malnutrition.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 330X

22. *I hereby certify that I attended the deceased from* 11-2- *19*54, *to* 12-24, *19*54, *that I last saw the deceased alive on* 12-24, *19*54, *and that death occurred at* 9:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. J. Erwin M. D.
23b. ADDRESS: 2601 N. Whittier St.
23c. DATE SIGNED: 12-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 12-29-54
24c. NAME OF CEMETERY OR CREMATORY: Oakdale
24d. LOCATION (City, town, or county) (State): 3900 Mt Olive

DATE REC'D BY LOCAL REG.: DEC 27 1954
REGISTRAR'S SIGNATURE: J Carl Smith MD MSB
25. FUNERAL DIRECTOR'S SIGNATURE 4469 **ADDRESS**: G. W. Bruce Washington Ave

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frederick P. Stark

Licensed Embalmer No. 459

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.