

No. 300  
10.48

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10559**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **690**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Webster Groves</b> )	c. LENGTH OF STAY (In this place) <b>2 1/2 years</b>	c. CITY OR TOWN <b>Webster Groves</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>#58 Webster Acres</b>		STREET ADDRESS (If rural, give location) <b>#58 Webster Acres</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LESTYE</b> b. (Middle) <b>JANE</b> c. (Last) <b>SCOTT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 22 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Oct. 14, 1882</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Noebers City, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown Bolerjack</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Eaton</b>	14. NAME OF HUSBAND OR WIFE <b>Late J. N. Scott</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gilbert F. Scott #58 Webster Acres</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis - general</b> DUE TO (c) <b>Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary sclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5/30**, 19**55**, to **death**, 19**55**, that I last saw the deceased alive on **3/20/55**, 19**55**, and that death occurred at **5:15P** m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <b>Charles A. Duden MD</b>	23b. ADDRESS <b>3720 Washington Ave</b>	23c. DATE SIGNED <b>3.23.55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>	24b. DATE <b>Mar. 25, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3/24/55</b>	REGISTRAR'S SIGNATURE <b>Robert K. Tomkowiak</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshausen 4228 S. Kingshighway Bl.</b>
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(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 *Richard W. Stover* .....

Licensed Embalmer No. 400

P. O. Address .....

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.