

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

State File No. **36172**  
Registrar's No. **9456**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9456</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>45 YRS.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		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 <b>CITY-HOSPITAL #1. 926</b>				e. STREET ADDRESS (If rural, give location) <b>2011-NO. FLORISSANT-AV.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MATILDA</b>			b. (Middle) _____		c. (Last) <b>SCOFIELD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 15TH 1956</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY-1ST 1883</b>		9. AGE (In years last birthday) <b>73 YRS.</b>	if UNDER 1 YEAR Months _____	if UNDER 24 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED SALAD-MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>VANDERVOORT &amp; BARNEY</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>YOUNT - MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>JOHN-YOUNT</b>			13b. MOTHER'S MAIDEN NAME <b>JULIA-BERRY</b>		14. NAME OF HUSBAND OR WIFE <b>JAMES-SCOFIELD</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>489-05-2466</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JAMES-SCOFIELD - 2011-NO. FLORISSANT-AV.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  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. <b>331x</b>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? _____	
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"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>James M. Kelly</b>			23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>10-17-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>OCT. 18TH 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY-CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>FARMINGTON - MO.</b>			
DATE REC'D BY LOCAL REG. <b>OCT 17 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Brookland Und. Co 1827-HOGAN-ST.</b>			

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

Student .....  
Signature of Student Embalmer

Signed *E. J. Remelius* .....

Licensed Embalmer No. *428* .....

P. O. Address *St. Louis,* .....

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.