

44884

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1957

STATE FILE NUMBER 11950

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MAPLEWOOD</u> 4344 <sup>c</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKES Hosp.</u>		Length of stay in lb <u>30 yrs.</u>	d. STREET ADDRESS <u>7234 SOUTHWEST</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>MARY</u> <sup>First</sup> <u>ELIZABETH</u> <sup>Middle</sup> <u>SCOTT</u> <sup>Last</sup>		4. DATE OF DEATH Month <u>12</u> Day <u>26</u> Year <u>56</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 22-1886</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	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>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>DANIEL CURTIN</u>	
14. MOTHER'S MAIDEN NAME <u>ELLEN McCaulhif</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>ELMER SCOTT- 7234 SOUTHWEST</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Hypertension and Diabetes mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Obesity</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>indefinite</u> <u>10 years</u>
19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>May 1947</u> to <u>26 Dec 1956</u> and last saw <u>her</u> alive on <u>26 Dec 1956</u> Death occurred at <u>Dec 26/1956 8 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joseph Rewards M.D.</u>		22b. ADDRESS <u>3720 Washington Blvd.</u>	
22c. DATE SIGNED <u>12/27/56</u>		23a. BURNING, CREMATION, REMOVAL (Specify)	
23b. DATE <u>12-29-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEM.</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS MO</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>JAY B. SMITH - MAPLEWOOD 17 MO</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 28 1956</u>	
26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> S.P.			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are not diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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. ....

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.