

Health, Welfare, Public Service
 300 1-56
 Secretary, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **19281 5178**
 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 7	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4619 Alaska		Length of stay in 1b 2 1/2 STREET ADDRESS 4619 Alaska (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Genevieve Middle Bernadine Last Scott			4. DATE OF DEATH Month 6 Day 2 Year 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-21-1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 5 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Saint Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alexander McMullen			14. MOTHER'S MAIDEN NAME Ellen Head		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ni		16. SOCIAL SECURITY NO. Yes	17. INFORMANT Address Mrs F Birkenmeier 4619 Alaska		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF BREAST WITH METASTASES		Carcinoma of breast with metastases		INTERVAL BETWEEN ONSET AND DEATH 3 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		
		DUE TO (c) o.k. 2nd cancer		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? 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.) 170X	
20c. TIME OF INJURY Hour 1:00 Month July Day 1954 Year a. m. P.M. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) present		
20e. CITY, TOWN, OR LOCATION St. Louis, Missouri		20f. COUNTY STATE		
21. I attended the deceased from JULY 1954 to PRESENT and last saw ^{her} him alive on 1956 Death occurred at 1:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Wm. J. Fitzpatrick (Degree or title) William J. Fitzpatrick M.D.		22b. ADDRESS 1325 S. Grand		22c. DATE SIGNED June 3, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-5-1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION St. Louis, Missouri (State)	

24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary		25. DATE RECD. BY LOCAL REG JUN 3 57	26. REGISTRAR'S SIGNATURE Carl Smith mo
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6464 Chipmunk Street, St. Louis, Missouri (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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lewis C. Hoffmann*

Licensed Embalmer No. 38

P. O. Address 7814 S. B...

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