

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016412

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4399

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer G. Phillips		Length of stay in lb 31 yrs. 2069		d. STREET ADDRESS (If outside, give location) 5362 Patton	
3. NAME OF DECEASED (Type or print) Willie Scales			4. DATE OF DEATH Month Day Year 4 21 58		
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH Sept. 8, 1902		9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months Days Hours Min. 7 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Pullman Shop		11. BIRTHPLACE (City and state or country) Louisiana	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Burnix Scales		13b. MOTHER'S MAIDEN NAME Esther Williams	
14. NAME OF HUSBAND OR WIFE Myrtle Scales		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 708-16-9086	
17. INFORMANT Myrtle Scales		Address 5362 Patton Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>bronchopneumonia</i> <i>Bronchopneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>cerebral hemorrhage</i> <i>hypertensive vascular disease</i> <i>hypertensive vascular disease</i>					INTERVAL BETWEEN ONSET AND DEATH undet. 491x
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 4-16-58 to 4-21-58 and last saw him alive on 4-21-58 Death occurred at 12:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S. A. Fraser <i>Sydney A. Fraser M.D.</i>			22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 4-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr. 25, 1958		23c. NAME OF CEMETERY OR CREMATORY Washington Park	
23d. LOCATION (City, town, or county) St. Louis Co.		23e. (State) Mo.			
24. FUNERAL DIRECTOR J. H. Randle & Son		ADDRESS 3133 Bell Ave.		25. DATE RECD. BY LOCAL REG. APR 22 '58	
26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Color, color, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
x by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Esther H. Harris* .....

Licensed Embalmer No. *4458* .....  
P. O. Address *4181 Wash* .....

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.