Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002646
STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Francois Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4 — Length of stay in 1b 9Y;3M;16das.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY City of St.Louis
c. CITY OR TOWN St. Louis 2059 6 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 5712 Cabanne Ave. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First KATHERINE Middle SHERER Last SCOTT

4. DATE OF DEATH Month January Day 29 Year 1959

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH January 3,1911
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR Months 0 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - minor tasks at home.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Robinson Scott
13b. MOTHER'S MAIDEN NAME Katherine Campbell Sherer
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Records,State Hospital No.4,Farmington,Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Tracheal edema — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Tracheitis — 24 hrs.
DUE TO (c) Endotracheal anesthesia (suspected) for hemorrhoidectomy 1-27-59. — 48 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 461XK
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan. 25, 1959, to Jan. 29, 1959 and last saw her alive on Jan. 29, 1959
Death occurred at 10:15 a. m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature], M.D. (Degree or title)
22b. ADDRESS State Hospital No.4 Farmington, Missouri
22c. DATE SIGNED 1-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 31,1959
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Lupton Funeral Home, 7233 Delmar / ADDRESS St.Louis,Mo.
25. DATE RECD. BY LOCAL REG. Feb. 6, 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff
(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be tolerated. All diseases in Part I must be causally related.

APR 22 1959

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 Berl J. Muller

Licensed Embalmer No. 3752

P. O. Address Farmington

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.