URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-024958
STATE FILE NUMBER

FILED VS JUN 27 1960 318 Registration District No. 1003 Primary Registration District No. 1003 Registrar's No. 6013

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3302 Commonwealth Ave
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3302 Commonwealth Ave.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle J. Last SCOTT
4. DATE OF DEATH Month June Day 11 Year 1960
5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Nov. 24, 1885
9. AGE (last birthday) 74
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) accountant
10b. KIND OF BUSINESS OR INDUSTRY credit ass'n.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William M. Scott
13b. MOTHER'S MAIDEN NAME Mary Wittmeier
14. NAME OF HUSBAND OR WIFE Isabelle Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-09-4080,
17. INFORMANT Isabelle Scott, 3302 Commonwealth Address

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) Carcinoma Pancreas
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 157X
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1958 to Present and last saw her him alive on. 6-11-1960
Death occurred at 5AM June 11, 1960 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Butcher (Degree or title) MD
22b. ADDRESS 6 ad So Kingshighway St. Louis
22c. DATE SIGNED 6-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE June 14, 1960
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.
23d. LOCATION (City, town, or county) St. Louis County, Mo. (State) MO

24. FUNERAL DIRECTOR M.J.Croghan, 831 E. Big Bend Blvd. Webster Groves 19, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG. JUN 13 1960
26. REGISTRAR'S SIGNATURE Joan Smith M.D. S.A.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gustav W. Seele

Signature of Student Embalmer

Licensed Embalmer No. 4329

P. O. Address St. Louis

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