

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2868 - 61-011560 STATE FILE NUMBER

DATE AMENDED
 AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FILED APR 14 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) _____ Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) _____ Inside Limits Yes No
 HOSPITAL OR INSTITUTION Homer G. Hospital Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) _____ Residence on Farm Yes No
5132 Cabanne Ave

3. NAME OF DECEASED (Type or print) First Middle Last
Romie Scott
 4. DATE OF DEATH Month Day Year
3 / 25 61

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 12/9/1884 9. AGE (last birthday) 76
 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Alabama 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE L.G. Scott

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. None 17. INFORMANT L.G. Scott Address 5132 Cabanne 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) Cardiac Hypertrophy INTERVAL BETWEEN ONSET AND DEATH _____
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }
 DUE TO (c) 434.4

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 _____ to _____ and last saw her/him alive on _____
 Death occurred at 9:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patricia E Taylor Corcoran 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 3-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3/30/61 23c. NAME OF CEMETERY OR CREMATORY Washington Park 23d. LOCATION (City, town, or county) (State) St. Louis County Mo

24. FUNERAL DIRECTOR Boyd Bros ADDRESS 3706 Finney Ave 25. DATE RECD. BY LOCAL REG. MAR 27 1961 26. REGISTRAR'S SIGNATURE Loan Smith M.D.

