

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016036

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 981

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brentwood Length of stay in 1b YRS. c. CITY OR TOWN Brentwood Inside Limits Yes X No [] d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #8 Whitehall Court Inside Limits Yes [] No X e. STREET ADDRESS (If outside, give location) #8 Whitehall Court Reside on Farm Yes [] No X

3. NAME OF DECEASED First Middle Last NELLIE SCOTT 4. DATE OF DEATH Month Day Year April 9 1961

5. SEX Female 6. COLOR OR RACE White 7. Married [X] Never Married [] Widowed [] Divorced [] 8. DATE OF BIRTH 6/14/1893 9. AGE (last birthday) 67 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 HOME 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Francis Palmer 13b. MOTHER'S MAIDEN NAME Francina Dickey 14. NAME OF HUSBAND OR WIFE Walter F. 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. no 17. INFORMANT Address Walter F. Scott #8 Whitehall Ct.

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 left lung. INTERVAL BETWEEN ONSET AND DEATH 9 mo. 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 (e) Multiple Metastases. PART III. If deceased was female was there a pregnancy in last 90 days. [] Yes [X] No [] Unknown

19. WAS AUTOPSY PERFORMED? YES [] NO [X] 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 Month, Day, Year a.m. p.m.

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 March 3 '61 to April 9 '61 and last saw her him alive on Apr 9 '61 Death occurred at 12:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Daniel K. Webb M.D. 22b. ADDRESS 721 Olive 22c. DATE SIGNED 4-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4/12/1961 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery 23d. LOCATION (City, town, or county) St. Louis Mo. (State)

24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and Sons 7233 Delmar Blvd. 25. DATE RECD. BY LOCAL REG. 4-10-61 26. REGISTRAR'S SIGNATURE John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis

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.