

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-004506

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **663**

STATE FILE NUMBER

AMENDED

FILED JAN 23 1962

1. PLACE OF DEATH a. COUNTY Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN East St. Louis, Ill	
Length of stay in lb 2 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Deslodge Hosp.		d. STREET ADDRESS (If outside, give location) 5350 Cotton Belt	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mattie Middle Scott Last Scott			4. DATE OF DEATH Month Jan Day 13 Year 1962		
5. SEX Female	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 12-16-1912	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Private Family		11. BIRTHPLACE (City and state or country) ? Mississippi U.S.A.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Unknown			
13b. MOTHER'S MAIDEN NAME Fannie Taylor		14. NAME OF HUSBAND OR WIFE Moses Scott			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Moses Scott	
				Address 5350 Cotton Belt	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracerebral and Subarachnoid Bleeding - Probable Cerebral Aneurysm.			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) 330x			
DUE TO (c)			

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 St. Louis County	STATE
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21. I attended the deceased from Jan. 11, 1962 to Jan. 13, 1962 and last saw her alive on Jan. 13, 1962 Death occurred at 12:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Trout A. Palazzo MD	(If free or title)	22b. ADDRESS 4161 Rendell Blvd.	22c. DATE SIGNED 1-15-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 19 Jan 1962	23c. NAME OF CEMETERY OR CREMATORY Wash. Park	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR G. Toone	ADDRESS 1221 North Grand Blvd.	25. DATE RECD. BY LOCAL REG. JAN 16 1962	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1908 87, 1911 19

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 Oliver E Crumble, Student Embalmer No. 642
working under my personal supervision.

Student Oliver E Crumble
Signature of Student Embalmer

Signed Melvin Starkman

Licensed Embalmer No. 3962

P. O. Address 1221 W. Grand

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.