

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-004994
STATE FILE NUMBER

AMENDED

FILED JAN 29 1962

Primary Registration District No. 544 Registrar's No. 253

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>St. Louis</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kirkwood</i>		a. STATE <i>Mo.</i>		b. COUNTY <i>St. Louis</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Joseph's Hospital</i>		Length of stay in 1b <i>14 DAYS.</i>		c. CITY OR TOWN <i>Maplewood</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <i>7163 Lyndover Place</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>HENRIETTA</i>		Middle <i>SCOTT</i>		Last <i>SCOTT</i>		Month <i>1</i> Day <i>17</i> Year <i>1962</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>12-12-67</i>	9. AGE (last birthday) <i>94</i>	IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Indianapolis, Ind.</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Christ Young</i>			13b. MOTHER'S MAIDEN NAME <i>Anna Westerkamp</i>			14. NAME OF HUSBAND OR WIFE <i>John Carroll Scott</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Russell Scott, 666 Hollywood</i> Address <i>Brk 19740</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <i>Suspected Pulmonary Embolus and</i>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <i>Toxic condition</i>		Interval between ONSET AND DEATH <i>2 days</i>	
				DUE TO (c) <i>Acute parotitis</i>		Interval between ONSET AND DEATH <i>2 days</i>	
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	
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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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		COUNTY	STATE
21. I attended the deceased from <i>Dec. 1961</i> to <i>Jan 17, 62</i> and last saw her ^{him} alive on <i>Jan 17, 1962</i> Death occurred at <i>2:02 p</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. Lynn Nelson</i> (Degree or title) <i>M.D.</i>				22b. ADDRESS <i>135 W Adams Kirkwood Mo</i>		22c. DATE SIGNED <i>1/17/62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-20-1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lakewood Park Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis, Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Mittelberg</i> ADDRESS <i>Webster Groves, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>1-19-62</i>		26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

OFFICIAL COPY

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 Harvey Shadle

Licensed Embalmer No. 4596

P. O. Address St. Louis, Mo

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.