

9049

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034093

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9029 STATE FILE NUMBER

FILED SEP 12 1963

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. JOHN'S HOSP.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **St. Louis**  
 c. CITY OR TOWN **BRECKENRIDGE HILLS** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **3228 W. MILTON** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**BABY** **SCOTT** **9 6 63**

5. SEX **M** 6. COLOR OR RACE **W** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **9-4-63** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min. **2**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY **NONE** 11. BIRTHPLACE (City and state or country) **ST. LOUIS, MO.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **LARRY SCOTT** 13b. MOTHER'S MAIDEN NAME **BARBARA BEST** 14. NAME OF HUSBAND OR WIFE ~~LARRY SCOTT~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Address  
**LARRY SCOTT 3228 W. MILTON**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Respiratory Embarrassment**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Probable) Myxine Membrane disease**  
 DUE TO (c) **773.5**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) **Prematurity**  
 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 **9/4/63** to **9/6/63** and last saw him alive on **9/6/63**  
 Death occurred at **4:30 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **R. D. Ryan M.D.** (Degree or title) 22b. ADDRESS **307 So. Euclid.** 22c. DATE SIGNED **9-8-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **9-9-63** 23c. NAME OF CEMETERY OR CREMATORY **MEMORIAL PARK** 23d. LOCATION (City, town, or county) (State) **NORMANDY, MO.**

24. FUNERAL DIRECTOR ADDRESS **BAUMANN BROS. INC. 2504 WOODSON RD. FUNERAL HOME OVERLAND 14, MO.** 25. DATE RECD. BY LOCAL REG. **SEP 9 1963** 26. REGISTRAR'S SIGNATURE **Road Smith, M.D.**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

1

2 4017

3

4 0

5 0

6

7 0

8 2

9

10

11

12 74-0

13

74

encl. 22      Insona 27

**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 *H. C. Gibern*

Licensed Embalmer No. 3454

P. O. Address St. Louis 14 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.