

SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28508

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>7423</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (in this place) _____				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4854 Fountain Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>4854 Fountain Avenue</b>							
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Mary</b>		b. (Middle) <b>Lou</b>		c. (Last) <b>Scales</b>				
4. DATE OF DEATH			(Month) <b>8</b>		(Day) <b>23</b>		(Year) <b>49</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>10-13-198</b>		9. AGE (In years last birthday) <b>50</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Hampton, Miss.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Edward Gray</b>			13b. MOTHER'S MAIDEN NAME <b>Nannie Carlisle</b>			14. NAME OF HUSBAND OR WIFE <b>Albert Scales</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Florence Sutton</b>				ADDRESS <b>4638 Lewis Place</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension - Cerebral Apoplexy</b>								
			ANTECEDENT CAUSES								
			*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.								
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
			DUE TO (b) _____								
			DUE TO (c) <b>Hypertension</b>								
			II. OTHER SIGNIFICANT CONDITIONS								
			Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>102</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>H44X</b>					
22. I hereby certify that I attended the deceased from <b>Jan. 1, 1949</b> , to <b>Aug. 23, 1949</b> , that I last saw the deceased alive on <b>8-23-49</b> , 19____, and that death occurred at <b>9 P.M.</b> from the causes and on the date stated above.											
23a. SIGNATURE <b>Walter A. Young</b>					23b. ADDRESS <b>2337 Market</b>			23c. DATE SIGNED <b>8/26/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24b. DATE <b>8-29-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>AUG 26 1949</b>			REGISTRAR'S SIGNATURE <b>John B. Pasater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell Und., Co.</b>				ADDRESS <b>2732 Pine Blv</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Handwritten mark*

**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. 272

working under my personal supervision.

Signed William M. Brown  
Student Embalmer

Signed Clark Young  
Licensed Embalmer No. 33718

P. O. Address St. James

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 this body is not embalmed, fact should be so stated above.