

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42923

FILED DEC 27 1949

State File No. _____

10636

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 61		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 11-3656 EASTON, AVE.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips				d. STREET ADDRESS (If rural, give location) 11-3656 EASTON, AVE.				
3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) R. c. (Last) Scales			4. DATE OF DEATH (Month) (Day) (Year) Dec 8, 1949					
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 15, 1905		
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Coatopa, ALA		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Thomas. W. Scales			13b. MOTHER'S MAIDEN NAME Sallie Lee		14. NAME OF HUSBAND OR WIFE Luella Scales			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Luella Scales ADDRESS 3656 Easton			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 day ?						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 384X				
22. I hereby certify that I attended the deceased from 9/26, 1949 , to 12/8, 1949 , that I last saw the deceased alive on 12/8, 1949 , and that death occurred at 9:50 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE J. B. Sackett (Degree or title) _____				23b. ADDRESS 336 Chautauque		23c. DATE SIGNED 12/10/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 12, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Peters		24d. LOCATION (City, town, or county) (State) St. Louis		
DATE REC'D BY LOCAL REG. DEC 12 1949		REGISTRAR'S SIGNATURE J. B. Sackett		25. FUNERAL DIRECTOR'S SIGNATURE English Und. Co ADDRESS 2931 Lueck, Ave.				

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

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
Student Embalmer

Signed Bulson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave

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.