

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18992BIRTH NO. 11 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1365

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ROBERTSON MO</u>	c. LENGTH OF STAY (In this place) <u>15 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>ROBERTSON, ROBERTSON MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		STREET ADDRESS (If rural, give location) <u>227 - WOODLAWN 410</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELVIRA</u>	b. (Middle) <u>—</u>	c. (Last) <u>SCOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 26, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Coh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ho</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, MO</u>
13a. FATHER'S NAME <u>D. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>MRS. William</u>	14. NAME OF HUSBAND OR WIFE <u>L. H. Scott</u>
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 ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Kidney ailment</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ROBERTSON ST LOUIS MO</u>	21f. HOW DID INJURY OCCUR? <u>none</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>May 5, 1950</u> , to <u>May 26, 1950</u> , that I last saw the deceased alive on <u>May 26, 1950</u> , and that death occurred at <u>10 50 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Francis D. Alexander M.D.</u>		23b. ADDRESS <u>177 E. Kennerly Webster, Mo.</u>	23c. DATE SIGNED <u>5-26-50</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-31-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
DATE REC'D BY LOCAL REG. <u>5-29-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Wombe</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank T. H. Beck</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Leroy H. Dammister

Licensed Embalmer No. 4523

P. O. Address 3880 E. 2nd St.

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.