

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39031

State File No. 9541

Registrar's No. 100

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>100</b>		State File No. 9541		Registrar's No. 100	
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, Mo.</b>			c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>			<b>2259</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Homer G Phillips Hospital</b>					d. STREET ADDRESS (If rural, give location) <b>1611 Chestnut</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>			b. (Middle) _____		c. (Last) <b>Scott</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 2 1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Sep.</b>		8. DATE OF BIRTH <b>Mar. 7, 1872</b>		9. AGE (In years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Henry Scott</b>			13b. MOTHER'S MAIDEN NAME <b>Annie Oneal</b>			14. NAME OF HUSBAND OR WIFE <b>Not known</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unk</b>			16. SOCIAL SECURITY NO. <b>Unk</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jessie Matthews, 2822 Walnut St</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.									
MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Liver: Hepatoma 2, Cirrhosis</b>								<b>Undet.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Peritonium Hepatoma - Metastatic</b>									
DUE TO (c) <b>Lungs: Congestion</b>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Kidney - Hydronephrosis</b>									
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>138X</b>				
22. I hereby certify that I attended the deceased from <b>10-19</b> , 19 <b>50</b> , to <b>11-2</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>11-2</b> , 19 <b>50</b> , and that death occurred at <b>5:12 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>J. B. Sasser</b> (Degree or title) <b>M. D.</b>					23b. ADDRESS <b>2601 N Whittier St.</b>			23c. DATE SIGNED <b>11-8-50</b>	
24a. BURIAL, CREMATION, REMOVAL _____		24b. DATE <b>11-10-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>NOV 9 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Quinter Walker</b> ADDRESS <b>3506 Franklin</b>				

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

02 I

MAY 9 1960

*Emb separate cert to be filed*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.