

FILED JAN 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13828

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3130

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan 0361	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) Marguerite b. (Middle) Scott c. (Last) Evans		4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2	8. DATE OF BIRTH Sept. 8, 1910
9. AGE (In years last birthday) 40		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse	10b. KIND OF BUSINESS OR INDUSTRY Rough Manor N.H.
11. BIRTHPLACE (State or foreign country) Anthony's Mill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Scott		13b. MOTHER'S MAIDEN NAME Hallie Anthony	
14. NAME OF HUSBAND OR WIFE Windell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME John Scott, Sullivan, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hematoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atelectasis of lung DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 38124	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4004	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Bldg.	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. John's St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 25 1950 10 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR Struck by Auto	
22. I, hereby certify that I attended the deceased from 12-25, 1950, to 12-26, 1950, that I last saw the deceased alive on 12-26, 1950, and that death occurred at 5:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE W. Brown		23b. ADDRESS Clayton 601 Brentwood Blvd. no.	
23c. DATE SIGNED 12/26/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-26-50	
24c. NAME OF CEMETERY OR CREMATORY Odd Fellows		24d. LOCATION (City, town, or county) (State) Sullivan, Mo.	
DATE REC'D BY LOCAL REG. 12/26/50		REGISTRAR'S SIGNATURE Herbert P. Tompa M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1951

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.....

Robert M. Murray

Signed.....

Student Embalmer

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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 this body is not embalmed, fact should be so stated above.