

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1951

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>679</u>	
1. PLACE OF DEATH <u>So. Kinloch</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>So. Kinloch</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>So. Kinloch</u>		d. STREET ADDRESS (If rural, give location) <u>34 King St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Ethel</u>		a. (First)		b. (Middle) <u>Scott</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>3 14 51</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	
8. DATE OF BIRTH <u>2-21-1893</u>		9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		11. BIRTHPLACE (State or foreign country) <u>Hamburg, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Lilman Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Julia McRoberts</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Commis Scott</u> ADDRESS <u>942 Brennan</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY-LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				<u>7 mos</u>	
ANTECEDENT CAUSES		DUPLICATE (b) <u>Ch. Pulmonary Infection</u>				<u>10 yrs</u>	
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 <u>0.02 X</u>				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)			
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?			
22. I hereby certify that I attended the deceased from <u>Mar 1, 1951</u> , to <u>Mar 14, 1951</u> , that I last saw the deceased alive on <u>Mar 14, 1951</u> , and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James J. Mella MD</u> (Degree or title)				23b. ADDRESS <u>4114 N. Flourent Ave</u>		23c. DATE SIGNED <u>3/15/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 16, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/15/51</u>		REGISTRAR'S SIGNATURE <u>Robert R. Tomber MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros. Funeral Home, 438 Lix</u> ADDRESS			

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

MAY 12 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 \_\_\_\_\_

*Edward A Flynn*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4444*

P. O. Address *4548<sup>th</sup> Paup*

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.