

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11555**

No. 300  
10-48

FILED MAR 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 608

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bridgeton</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bridgeton</u>  |  |
| c. LENGTH OF STAY (In this place) <u>50yrs</u>  |  | 4070   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |  | d. STREET ADDRESS (If rural, give location) _____  |  |

|                                     |                          |                       |                        |  |
|-------------------------------------|--------------------------|-----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>George</u> | b. (Middle) <u>H.</u> | c. (Last) <u>Scott</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 4 1952</u> |
|-------------------------------------|--------------------------|-----------------------|------------------------|--|

|                    |                             |   |                                     |   |   |   |
|--------------------|-----------------------------|---|-------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>June 2 1872</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u> | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-----------------------------|---|-------------------------------------|---|---|---|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>McKittrick Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|--|--|

|   |  |                                   |
|---|--|-----------------------------------|
| 13a. FATHER'S NAME <u>Holiday Scott</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|---|--|-----------------------------------|

|  |                                   |   |                             |
|--|-----------------------------------|---|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Annie Wilson</u> | ADDRESS <u>Bridgeton Mo</u> |
|--|-----------------------------------|---|-----------------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 days</u><br><u>7-15-52</u><br><u>1939</u><br><u>1935</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>   |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Influenza</u><br>DUE TO (c) <u>Chronic nephritis</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>   |   |  |  |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) _____ | 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 2/15 - 1952 to 3-4 - 1952, that I last saw the deceased alive on 3/4 - 1952, and that death occurred at 9:30 p.m. from the causes and on the date stated above.

|  |                         |                                |                                |
|--|-------------------------|--------------------------------|--------------------------------|
| 23a. SIGNATURE <u>Ray Johnson M.D.</u> | (Degree or title) _____ | 23b. ADDRESS <u>Forbes Ave</u> | 23c. DATE SIGNED <u>3/6/52</u> |
|--|-------------------------|--------------------------------|--------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>March 10 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo</u> |
|---|--------------------------------|---|--|

|  |  |   |                                 |
|--|--|---|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>3-6-52</u> | REGISTRAR'S SIGNATURE <u>Herbert L. Dimke M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J.H. Randle &amp; Son</u> | ADDRESS <u>3133 Bell Avenue</u> |
|--|--|---|---------------------------------|

50 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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.