

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14776**  
**3327**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		b. COUNTY <b>St. Clair</b>	
c. LENGTH OF STAY (in this place) <b>3 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>E. St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4414 Tudor Avenue</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mrs. Otha</b>	b. (Middle) <b>Inez</b>	c. (Last) <b>Scott</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4-7-52</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Aug. 9 1918</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>33</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Typist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Centerville Hall</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	
13a. FATHER'S NAME <b>Will Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Lucy Thomas</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Louise Ray</b>	ADDRESS <b>4706 Tudor</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Breast with metastases</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Oct 19</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastases</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>10/27/51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Breast &amp; Metastases to Axilla</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 <b>170X</b>
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22. I hereby certify that I attended the deceased from **10/24 1951**, to **4/7 1952**, that I last saw the deceased alive on **4/7 1952** and that death occurred at **4:30** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. K. Frazier M.D.</b>	(Degree or title)	23b. ADDRESS <b>1414 Kansas East St. Louis</b>	23c. DATE SIGNED <b>4/8/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>4-9-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Brookside Washington</b>	24d. LOCATION (City, town, or county) (State) <b>East St. Louis, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>APR 9 1952</b>	REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith</b>	ADDRESS <b>3847 Page</b>
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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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*C. J. Nash*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.