

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36829

State File No. \_\_\_\_\_

LEB NOV 12 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9518</b>			
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</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>2117</b> OR TOWN <b>St. Louis</b>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>3728 Cook Ave Apt G</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>LAFAYETTE</b>		b. (Middle) <b>NMN</b>		c. (Last) <b>SCOTT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 12 52</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 5 1889</b>			
9. AGE (In years last birthday) <b>63</b>		10. MONTHS <b>7</b>		11. DAYS <b>7</b>		12. HOURS <b>7</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butler</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Cornerstone Ark</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>									
13a. FATHER'S NAME <b>Jack Scott</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie ?</b>			14. NAME OF HUSBAND OR WIFE <b>Dona M. Scott</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-26-7134</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dona Mae Scott</b> ADDRESS <b>3728 Cook Ave Apt G</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIOVASCULAR ACCIDENT</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HYPERTENSION WITH ARTERIOSCLEROSIS</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>442X</b>					
22. I hereby certify that I attended the deceased from <b>10-10</b> , 19 <b>52</b> , to <b>10-12</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>10-12</b> , 19 <b>52</b> , and that death occurred at <b>3:15 Pm.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>F. R. Bradley</b> (Degree or title) <b>M.B.</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>10-12-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 16, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo</b>			
DATE REC'D BY LOCAL REG. <b>OCT 15 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.H. Randle &amp; Son 3133 Bell Ave</b>					

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.