

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40921

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

FILED DEC 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 3050

1. PLACE OF DEATH a. COUNTY <u>University City St. Louis County Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. LENGTH OF STAY (in this place) <u>29 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ <u>7616 Carleton Ave</u>		d. STREET ADDRESS (If rural, give location) <u>7616 Carleton Ave</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MAE</u>	b. (Middle) <u>E</u>	c. (Last) <u>SCOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr 2-1874</u>	9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>23</u>	IF UNDER 1 HR. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Illa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Daniel Haley</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Landeback</u>	14. NAME OF HUSBAND OR WIFE <u>Frank L. (Dec)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Loncher</u>	ADDRESS <u>7616 Carleton</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>Feb 7, 1944</u> <u>Feb 7, 1944</u> " "
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Vascular Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cholecystitis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	<u>4201</u>	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) <u>University City</u> _____
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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? _____
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22. I hereby certify that I attended the deceased from Feb 7, 1949 to Nov 25, 1952, that I last saw the deceased alive on Nov 19, 1952, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo F. Searl M.D.</u>	(Degree or title)	23b. ADDRESS <u>6677 Delmar Blvd.</u>	23c. DATE SIGNED <u>Nov 26, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>11/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-27-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Hoop, Inc</u>	ADDRESS <u>Clayton, Mo.</u>
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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Felix Howard

Licensed Embalmer No. 3134

P. O. Address Kentwood 232

**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.