

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7939

FILED MAR 11 1953

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State File No. _____
Registrar's No. 1717

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 2 hrs		c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) 1744 Russell Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Sylvester		b. (Middle) _____		c. (Last) Scruggs		4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1953	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 20 July 1944	
9. AGE (in years) last birthday 8		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) East St. Louis, Illinois	
11. BIRTHPLACE (City and State or Foreign Country) East St. Louis, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Teal Scruggs		13b. MOTHER'S MAIDEN NAME Dorothy M. Deboise	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Dorothy M. Deboise	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		II. OTHER SIGNIFICANT CONDITIONS _____				_____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) Sickle Cell Anemia				_____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____				_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? 2926	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor		(Degree or title) Coroner		23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 2/13/52	
24a. BURIAL CEMETERY OR CREMATORY (Specify) _____		24b. DATE 11 Feb 53		24c. NAME OF CEMETERY OR CREMATORY Douglas, Cemetery		24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois	
DATE REC'D BY LOCAL REG. FEB 13 1953		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE _____		2114 MO. Ave. E. St. Louis, Ill.	

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 J.M.C.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ben H. Balderson

Licensed Embalmer No. 2420

P. O. Address St. Louis, Mo.

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.