No. 300
10.46

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1953

State File No. 12271

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3294

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Faith Hospital (Old)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri.
b. COUNTY
c. CITY OR TOWN: St. Louis 2119
d. STREET ADDRESS (If rural, give location): 3953a Lincoln Ave. 0 11

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): G.
c. (Last): Scarborough

4. DATE OF DEATH (Month) (Day) (Year): Mar. 25, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Jan. 23, 1888
9. AGE (In years last birthday): 65 — If under 1 year: Months, Days — If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Shoe Worker
10b. KIND OF BUSINESS OR INDUSTRY: International Shoe
11. BIRTHPLACE (City and State or Foreign Country): Arkansas 1
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: William I. Scarborough
13b. MOTHER'S MAIDEN NAME: Alvina Schymos
14. NAME OF HUSBAND OR WIFE: Theresa Scarborough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Theresa Scarborough, 3953a Lincoln
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death."

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the bladder — INTERVAL BETWEEN ONSET AND DEATH: undet.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

WITH (b) Metastasis ~~of~~ To the liver — undet

DUE TO (c) Duodenal ulcer — 6 wks

DUE TO (d) Terminal pneumonia — 24 hrs.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (Specify whether 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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 181X

22. I hereby certify that I attended the deceased from 311-53, 19___, to 3-25, 19 53, that I last saw the deceased alive on 3-25-53, 19___, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John S. Vincent 0
23b. ADDRESS: 1126 St. Louis Ave.
23c. DATE SIGNED: 3/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG.: MAR 27 1953
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Leidner Und. Co. 2223 St. Louis Av.

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 5223 St Louis Co

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.