

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12301

318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3276

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO <u>Ill</u> COUNTY <u>830</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Ill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1808 Grindle Dr</u>	
3. NAME OF DECEASED a. (First) <u>John F.</u> b. (Middle) <u>ANN</u> c. (Last) <u>SCOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 11 53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>11-14-53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wick</u>	
13b. MOTHER'S MAIDEN NAME <u>Wick</u>		14. NAME OF HUSBAND OR WIFE <u>Wick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give post or date of service) <u>Wick</u>		16. SOCIAL SECURITY NO. <u>Wick</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. E. Sayler</u> ADDRESS <u>1300 Clark</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pre-maturity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital</u> DUE TO (c) <u>Debility</u> 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 <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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>7730</u>			
22. I hereby certify that I attended the deceased from <u>6:00</u> to <u>10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-31-53</u> , 19 <u>53</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter W. ...</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>3/24/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-31-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 27 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>Rowland</u>		ADDRESS <u>4104 Manchester</u>	

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.....

Licensed Embalmer No.....

P. O. Address.....

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.