

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26885

LED AUG 12 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6130

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN Lemay d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital
e. STREET ADDRESS (If rural, give location) 3901 Mt. Olive Rd. 4230

3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) _____ c. (Last) Scott 4. DATE OF DEATH (Month) (Day) (Year) June 16, 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March 2, 1900 9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer 10b. KIND OF BUSINESS OR INDUSTRY Office 11. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Eddingfeld 13b. MOTHER'S MAIDEN NAME Eva Shields 14. NAME OF HUSBAND OR WIFE George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 354-06-4257 17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Scott, 3901 Mt. Olive Rd.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
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*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon (b) Peritonitis (c) _____
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis + myocardial infarction
INTERVAL BETWEEN ONSET AND DEATH Not known

19a. DATE OF OPERATION 6/11/53 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 153X

22. I hereby certify that I attended the deceased from 6-1-53, 19____, to 6-16-53, 19____, that I last saw the deceased alive on 6-16-53, 19____, and that death occurred at 9:30p m., from the causes and, on the date stated above.

23a. SIGNATURE G. M. Davis (Degree or title) MD 23b. ADDRESS 3905 S. Broadway St. Louis Mo 23c. DATE SIGNED 6/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6-17-53 24c. NAME OF CEMETERY OR CREMATORY Magnolia 24d. LOCATION (City, town, or county) (State) Magnolia, Ill.

DATE REC'D BY LOCAL REG. JUN 19 1953 REGISTRAR'S SIGNATURE A. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *John J. Dinnelley*
Licensed Embalmer No. *914*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.