

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44637**

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3118

4003 H

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

1. PLACE OF DEATH a. COUNTY St. Louis County, Mo.,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood,		c. LENGTH OF STAY (In this place) 16 days.	c. CITY OR TOWN St. Louis,
d. FULL NAME OF HOSPITAL OR INSTITUTION Rest Haven Nursing Home.		e. STREET ADDRESS (If rural, give location) 5601 Kingsbury Court.	
3. NAME OF DECEASED (Type or Print) a. (First) IRENE b. (Middle) SCOTT c. (Last) HALL.			4. DATE OF DEATH (Month) (Day) (Year) Dec 4, 1953.
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Aug 13, 1882.
9. AGE (In years last birthday) m 71.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife..	11. BIRTHPLACE (City and State or Foreign Country) / Paducah, Kentucky.
10a. USUAL OCCUPATION (If not in hospital or institution, give street address or location)		10b. KIND OF BUSINESS OR INDUSTRY At Home.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Malbin K. Scott.		13b. MOTHER'S MAIDEN NAME Elizabeth Applegate.	14. NAME OF HUSBAND OR WIFE Thomas H. Hall.
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 Thos. B. Hall, ADDRESS #9 Parkland Plc, Glendale 22
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural cause	
		INTERVAL BETWEEN ONSET AND DEATH unk	
		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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7955	
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?	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Herbert R. Domke (Degree or title) Local Registrar		23b. ADDRESS 651 S. Brentwood Blvd.	
23c. DATE SIGNED 12/10/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation.		24b. DATE 12/7/53.	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory.		24d. LOCATION (City, town, or county) (State) #7800 St. Charles Rock Rd.,	
DATE REC'D BY LOCAL REG. 12-5-53		REGISTRAR'S SIGNATURE Herbert R. Domke M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		ADDRESS #7233 Delmar Bly'd.,	

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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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis*

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.