

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 2 - 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5802**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		a. STATE <b>New York</b> b. COUNTY <b>Bronx</b> <b>1310</b>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New York</b> <b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1917 Davidson Avenue</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <b>Austin</b>	b. (Middle) <b>MMN</b>	c. (Last) <b>Scott</b>	(Month) <b>June</b>	(Day) <b>27</b>	(Year) <b>1954</b>
<b>5. SEX</b> <b>Male</b> <b>O</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b> <b>/</b>	<b>8. DATE OF BIRTH</b> <b>July 11, 1925</b>	<b>9. AGE</b> (in years last birthday) <b>28</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Publisher</b>
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Magazine</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Flushing, Long Island, N.Y.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>Samson Scott</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Dorothy Green</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Carole Scott</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b> <b>W. W. 11</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ADDRESS</b> <b>Carole Scott, New York City, N.Y.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>9 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute infectious hepatitis</b>		
	<b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS:</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>092x</b>

**22. I hereby certify that I attended the deceased from June 18, 1954, to June 27, 1954, that I last saw the deceased alive on June 27, 1954, and that death occurred at 9:10 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>H. P. Bradley</i> <b>M.D.</b>	<b>23b. ADDRESS</b> <b>BARNES HOSPITAL</b>	<b>23c. DATE SIGNED</b> <b>6-27-54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>6-27-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Local</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Charlotte, North Carolina</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 28 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith MD</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <b>Albert H. Hoppe, 4700 Washington</b>
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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 Robert M. Murray

Licensed Embalmer No. 3749

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.