

FILED AUG 1.1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25579
Registrar's No. 1839

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 CLAYTON		c. CITY OR TOWN Clayton	
c. LENGTH OF STAY (in this place) 2 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8104 ROXBURGH DR.		e. STREET ADDRESS (If rural, give location) 8104 Roxburgh Dr.	

3. NAME OF DECEASED (Type or Print)	a. (First) JANET	b. (Middle) BELLE	c. (Last) SCOTT.	4. DATE OF DEATH (Month) (Day) (Year) JULY 27, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 26, 1894	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 4 HRS Hours	IF UNDER 15 HRS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Bell	13b. MOTHER'S MAIDEN NAME Florence Loretta Gray.	14. NAME OF HUSBAND OR WIFE Gerald D. Scott.
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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. None	17. INFORMANT'S SIGNATURE OR NAME Gerald D. Scott;	ADDRESS 8104 Roxburgh Dr.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Rectum		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) none rise to the above cause (a) stating the underlying cause last. DUE TO (c) none		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		

19a. DATE OF OPERATION Aug 1953	19b. MAJOR FINDINGS OF OPERATION Metastases to liver (and Carcinoma of Rectum)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Aug, 1953, to July 27, 1954; that I last saw the deceased alive on July 26, 1954, and that death occurred at 5:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Elman	23b. ADDRESS M.D. 9634 N. Grand Blvd. St. L. 3	23c. DATE SIGNED July 27 '54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/29/1954	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri
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DATE REC'D BY LOCAL REG. 7/27/54	REGISTRAR'S SIGNATURE Robert Elman	25. FUNERAL DIRECTOR'S SIGNATURE R. Lupton & Sons;	ADDRESS 7233 Delmar Blvd;
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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.....
Signature of Student Embalmer

Signed..... *Clarence H. Mu...*

Licensed Embalmer No. *401*

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.