

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32186

State File No.

FILED SEP 21 1954

 BIRTH NO. 40047-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8311

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>934 1/2 N. 7th</u>				e. STREET ADDRESS (If rural, give location) <u>934 1/2 N. 7th</u> <u>2259</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Celestine</u>			b. (Middle)		c. (Last) <u>Scruggs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-4-54</u>		
5. SEX <u>Female Negro</u>		6. COLOR OR RACE		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6-3-1954</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min. <u>3</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>St Louis MO</u>			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Charles Scruggs</u>				13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Scruggs (son)</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Hydrocephalus</u>						INTERVAL BETWEEN ONSET AND DEATH	
		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 checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>752x</u>					
22. I hereby certify that I attended the deceased from <u>1954</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Frank E. Taylor Coroner</u>				23b. ADDRESS <u>1305 Clark</u>				23c. DATE SIGNED <u>9/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-9-54</u>		24c. NAME OF CEMETERY, OR CRAMATORY <u>Green Wood</u>		24d. LOCATION (City, town, or county) (State) <u>6571 St. Louis Ave MO</u>			
DATE REC'D BY LOCAL REG. SEP 9 1954		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Mc Clendon 4535 Washington</u>				

S. P. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Edward A. Flynn

Licensed Embalmer No. *444*

P. O. Address *H. Low*

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.