

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32566

State File No. _____

FILED SEP 28 1954

Registrar's No. 2230

BIRTH MO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>2230</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights.</u>		c. LENGTH OF STAY (in this place) <u>5 weeks</u>		c. CITY OR TOWN <u>Clayton,</u>		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 <u>St. Mary's Hospital.</u>				e. STREET ADDRESS (If rural, give location) <u>#923 South Hanley Road.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>BALSLY</u>		c. (Last) <u>SCOTT.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sep't 19, 1954.</u>	
5. SEX <u>Male.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married.</u> (Specify)		8. DATE OF BIRTH <u>April 23, 1881.</u>	
9. AGE (In years last birthday) <u>73.</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentist.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Charles Clay Scott.</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Cole.</u>		14. NAME OF HUSBAND OR WIFE <u>Mary F. Scott.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes.</u> (If yes, give war or dates of service) <u>W. W. I.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary F. Scott, 923 So. Hanley Road.</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>Calculation of hole drilled.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
19a. DATE OF OPERATION <u>Sept 16 1954</u>		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) (Min.)		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 <u>July</u> , 19 <u>48</u> , to <u>Apr 19</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 19</u> , 19 <u>54</u> , and that death occurred at <u>2:50 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Red Kummer M.D.</u>				23b. ADDRESS <u>4161 Rudell</u>		23c. DATE SIGNED <u>9-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/22/54.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>9/21/54</u>		REGISTRAR'S SIGNATURE <u>Robert B. Stanke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Lupton & Sons, #7233 Delmar Blv'd.,</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

#4161 Lindell Biv'd.,
JE: 3-1870.
Hrs: - 1 - 4.

10-10

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 A. Murr*.....

Licensed Embalmer No. *401*.....

P. O. Address *J. Lewis*.....

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.