No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24351

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6150

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

5 STREET ADDRESS (If rural, give location) 6119a Horton 20 1/2

3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) c. (Last) Scruggs

4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 55

5. SEX Female 2

6. COLOR OR RACE Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7

8. DATE OF BIRTH Oct 12 1901

9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months 9 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (City and State or Foreign Country) Clayborn Co., Miss

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Del Washington

13b. MOTHER'S MAIDEN NAME Phoebe Barnes

14. NAME OF HUSBAND OR WIFE Burgress Scruggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) nO (If yes, give war or dates of service) -

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bergress Scruggs 6119a Horton

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalopathy — INTERVAL BETWEEN ONSET AND DEATH Undt.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized Arteriosclerosis
Uterus - Leiomyoma

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4509

22. *I hereby certify that I attended the deceased from* 7-7, 1955, *to* 7-13, 1955, *that I last saw the deceased alive on* 7-13, 1955, *and that death occurred at* 4:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Edw. B. Williams (Degree or title) M.D. 0

23b. ADDRESS 2601 N. Whittier

23c. DATE SIGNED 7-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 7-19-55

24c. NAME OF CEMETERY OR CREMATORY National Jeff Brks, Mo

24d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo

DATE REC'D BY LOCAL REG. JUL 16 1955

REGISTRAR'S SIGNATURE J. Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H.Randle & Son 3133 Bell Ave

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

~~Student~~..... ~~Signed~~ S. J. Statson

Signature of Student Embalmer

Licensed Embalmer No. 269

P. O. Address 2769

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.