

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35150**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9372**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. In Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4611 Loughborough** e. STREET ADDRESS (If rural, give location) **4611 Loughborough 2026**

3. NAME OF DECEASED  
a. (First) **Samuel** b. (Middle) **S.** c. (Last) **Scott** 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 25, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 1, 1887** 9. AGE (In years last birthday) **68** 10. MONTHS **68** 11. HOURS **68** 12. MIN. **68**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Guard** 10b. KIND OF BUSINESS OR INDUSTRY **Bank** 11. BIRTHPLACE (City and State or Foreign Country) **Princeton, Ind.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **George Scott** 13b. MOTHER'S MAIDEN NAME **Delilah Brown** 14. NAME OF HUSBAND OR WIFE **Ruth**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) **Yes WW I** 16. SOCIAL SECURITY NO. **488-34-9162** 17. INFORMANT'S SIGNATURE OR NAME **Ruth Scott, 4611 Loughborough** ADDRESS \_\_\_\_\_

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary thrombosis**  
ANTECEDENT CAUSES DUE TO (b) **Hypertension & V.P. Sinus**  
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 **442X** 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Jun 1955** to **Oct 1955**, that I last saw the deceased alive on **10/24**, 1955, and that death occurred at **10:30A** m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Name or title) \_\_\_\_\_ 23b. ADDRESS **40755 Grand** 23c. DATE SIGNED **10/27/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10-28-55** 24c. NAME OF CEMETERY OR CREMATORY **New St. Marcus** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **OCT. 27 1955** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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 *Elton R. Remelau*.....

Licensed Embalmer No. *4283*.....

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.