

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1956

State File No. **22118**
Registrar's No. **5519**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5519	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Romer G. Phillips Hospital				e. STREET ADDRESS 5332 1/2 #555 Hebert		2069 0	
3. NAME OF DECEASED (Type or Print) a. (First) Leslie b. (Middle) c. (Last) Scott			4. DATE OF DEATH (Month) (Day) (Year) 6 6 56				
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 20 1906	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foundry		10b. KIND OF BUSINESS OR INDUSTRY Molder		11. BIRTHPLACE (City and State or Foreign Country) Ky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Scott		13b. MOTHER'S MAIDEN NAME MARY MORTON		14. NAME OF HUSBAND OR WIFE ANNIE SCOTT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 499-07-402		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANNIE SCOTT 5552 Hebert			
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) Carcinoma of Lung with Metastasis to Adrenal Gland ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		163x.		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)		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 5-11 , 19 56 , to 6-6 , 19 56 , that I last saw the deceased alive on 6-6 , 19 56 , and that death occurred at 3:09p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward B. Williams, M. D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 6-8-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/11/56	24c. NAME OF CEMETERY OR CREMATORY Washington PARK		24d. LOCATION (City, town, or county) (State) St. Louis COUNTY		
DATE REC'D BY LOCAL REG. JUN 11 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. J. WATSON 2769 Chouteau			

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.....
F. J. Calkins

Licensed Embalmer No. 4198

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.