

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43734

FILED DEC 18 1956

318

1003

STATE FILE NUMBER
10558

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1830 Benton		Length of stay in 1b	
d. STREET ADDRESS 1830 Benton		(If outside, give location)	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) Scott Rees			4. DATE OF DEATH 11/18/56		
First Middle Last			Month Day Year		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 3/27/1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	--	-----------------------------------	---	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Jeff. Bks.	11. BIRTHPLACE (City and state or country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	--

13. FATHER'S NAME Albert Rees	14. MOTHER'S MAIDEN NAME Laura (unknown)
---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes wwl	16. SOCIAL SECURITY NO. 275-48-8770	17. INFORMANT Address Josephine Rees 1830 Benton
---	--	--

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma - General		INTERVAL BETWEEN ONSET AND DEATH 2/2-1952
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 199.9		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
--

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year. a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
--	--	---	---

21. I attended the deceased from 7/2-1952 to 11/18/56 and last saw him alive on 11/1/56 Death occurred at 4:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. C. Todd M.D. (Degree or title)	22b. ADDRESS 4140 Forest Park Blvd	22c. DATE SIGNED 11/19/56
--	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/21/56	23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	23d. LOCATION (City, town, or county) (State) Saint Louis, Mo.
---	------------------------------	--	--

24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Bl.	25. DATE RECD. BY LOCAL REG. NOV 19 1956	26. REGISTRAR'S SIGNATURE Paul Smith M.D.
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

300
-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
primary site not known

MEDICAL CERTIFICATION

mrb

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.....
Licensed Embalmer No. 26

P. O. Address 5611 S-4

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