

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11053 STATE FILE NUMBER

FILED APR 12 1957

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

1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 820 Brooklyn		Length of stay in lb abt. 15 yrs 26 7/8		d. STREET ADDRESS (If outside, give location) 820 Brooklyn		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LeRoy Middle T. Last Scott				4. DATE OF DEATH Month 3 - Day 8 - Year 57			
5. SEX M.	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 12, 1916		9. AGE (In years last birthday) 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboer		10b. KIND OF BUSINESS OR INDUSTRY Breiderman's Furn.		11. BIRTHPLACE (City and state or country) New Orleans, La.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Unknown - Scott				14. MOTHER'S MAIDEN NAME Btta Caldwell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) April 9-1944		16. SOCIAL SECURITY NO. 499-09-0976		17. INFORMANT Delitha Scott 2725 Howard			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular Renal Disease (Cardio Vascular Renal Disease) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 442x	
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 _____ 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 _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M. Kelly (Degree of title) Deputy Registrar			22b. ADDRESS 1300 Clark			22c. DATE SIGNED 3-14-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-15-1957		23c. NAME OF CEMETERY OR CREMATORY National Cemetery Jeff. Barks, No. 91 St. Louis Co. MO.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Thomas Jackson 2726 Dickson ADDRESS				25. DATE RECD. BY LOCAL REG. MAR 14 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith, MD	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service
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securing the medical certification in the specific manner required by 193.140, Missouri 1947.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 *John K Cunningham*.....

Licensed Embalmer No. *44*.....

P. O. Address *2405 Ma*.....

**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.**