. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15265
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3492

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 08 Deaconess Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: St. Louis Co.
c. CITY OR TOWN: BALDWIN 4000 — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 27 R. — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First MARY — Middle I — Last SCOTT
4. DATE OF DEATH: Month APRIL — Day 10 — Year 1957
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH: FEB 11-1869
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): WAMEGO KAN
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ISBELL
14. MOTHER'S MAIDEN NAME: EMILY GREGORY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS EMILY BALSER — Address: R. 1, MANCHESTER MO.

MEDICAL CERTIFICATION

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 of Esophagus with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 150 x
19. WAS AUTOPSY PERFORMED? YES ✓ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. — Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 2 1957 to April 10 1957 and last saw her/him alive on 4-10-57
Death occurred at three P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ellsworth A Westrup MD
22b. ADDRESS: 204 E. Big Bend
22c. DATE SIGNED: 4-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 4-13-57
23c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEMETERY
23d. LOCATION (City, town, or county): ST. LOUIS CO — (State): MO.
24. FUNERAL DIRECTOR — ADDRESS: C.R. Lupton and Sons 7233 Delmar
25. DATE RECD. BY LOCAL REG.: APR 11 '57
26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

No. 101 58

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.....
Signature of Student Embalmer

Signed Clarence H. Murr

Licensed Embalmer No. 4011

P. O. Address St. Louis,

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.