

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030703

STATE FILE NUMBER

FILED SEP 11 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8637

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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, 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 St. Johns Hosp		Length of stay in lb 35 Yrs. 8/99	d. STREET ADDRESS (If outside, give location) 4248 Maryland Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Scott Monrow Loyd			4. DATE OF DEATH Month Day Year Sept 6, 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 12, 1886
9. AGE (In years last birthday) 71		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) Bus. Operator (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Public Serv. Co	11. BIRTHPLACE (City and state or country) Iron Co, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph D. Scott	13b. MOTHER'S MAIDEN NAME Elveria O'Neal
14. NAME OF HUSBAND OR WIFE Lottie Scott		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 493-10-9407
17. INFORMANT Mr Herbert D. Lloyd		Address 7761 Utica	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ac Myocardial Anoxia DUE TO (b) Arterio Sclerotic Heart Disease DUE TO (c) Generalized Arterio Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420-0			INTERVAL BETWEEN ONSET AND DEATH 2 Days
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 Aug 11, 1958 to Sept. 6, 1958 and last saw him alive on 9-5-58 Death occurred at 7452 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl J. Smith M.D.		22b. ADDRESS 184 Kings Highway	22c. DATE SIGNED 9-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/8/58	23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo
24. FUNERAL DIRECTOR Alexander & Sons		ADDRESS 6175 Delmar Bl	25. DATE RECD. BY LOCAL REG. SEP 8 '58
		26. REGISTRAR'S SIGNATURE Carl J. Smith M.D. m & B	

Dr. Carl J. Reis
7016 Kingsbury Blvd

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 *JDS - E. McCulloch*

Licensed Embalmer No. *2860*

P. O. Address *2150 R. St.*

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.