Health, & Welfare Public Service.

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042230
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11562

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Baptist Hospital — Length of stay in 1b: 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3648 Connecticut — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Eva — Middle: V. — Last: Scott

4. DATE OF DEATH: Month: November — Day: 29 — Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 15, ~~1893~~ 1897
9. AGE (In years last birthday): ~~65~~ 61 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St.James,Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: George Adams
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: John Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John Scott, Address: 3648 Connecticut

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): Coronary occlusion acute — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized arteriosclerosis
DUE TO (c): Diabetes mellitus 260X — 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): mal nourished mal nutrition
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
ITEM 8, 9 11-29-58 DEA CORRECTED
BY: 1. AFFIDAVIT OF Informant
2. DOCUMENT Prudential Ins. Policy M49276348 Dated 8-31-50
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 Mar 10, 1958 to _____ and last saw her alive on 11-28-58
Death occurred at 8:25 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dominic J. Verda M.D.
22b. ADDRESS: 4500 Olive
22c. DATE SIGNED: 12-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-1-58
23c. NAME OF CEMETERY OR CREMATORY: Adams Cemetery
23d. LOCATION (City, town, or county) (State): Phelps Co.,Mo.

24. FUNERAL DIRECTOR — ADDRESS: Albert H.Hoppe,4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: DEC 1 '58
26. REGISTRAR'S SIGNATURE: J Carl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Lawrence C. Gerb

Licensed Embalmer No. 4979

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.