Health,
Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-042892
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2819

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Normandy — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 3715 ST. ANN'S LANE — Length of stay in lb 5 DAYS 210

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) 4251 ATHLONE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ALICE Middle F. Last SCOTT
4. DATE OF DEATH Month OCT. Day 31 Year 1958

5. SEX Female
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH June 1 1885
9. AGE (In years last birthday) 73 — 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) WIDOW - Housewife
10b. KIND OF BUSINESS OR INDUSTRY AT Home
11. BIRTHPLACE (City and state or country) ST. LOUIS Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MARTIN ULSOMER
13b. MOTHER'S MAIDEN NAME WINIFRED FEENY
14. NAME OF HUSBAND ~~OR WIFE~~ GEORGE SCOTT (DEC'D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT MARTIN J. MILSTEAD Address 4206 MARYLAND

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) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
1) Hypertension 2) Diabetes
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.)
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 Oct 26, 1958, to Oct 31, 1958 and last saw her/him alive on Oct 28, 1958
Death occurred at 3:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lewis Littmann MP
22b. ADDRESS 8231 Clayton Rd (17)
22c. DATE SIGNED 11/3/58

22d. BURIAL, CREMATION, REMOVAL (Specify) ~~BURIAL~~ REMOVAL
23b. DATE Nov. 4 1958
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.
23d. LOCATION (City, town, or county) ST. LOUIS (State) Mo

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois
25. DATE RECD. BY LOCAL REG. 11/3/58
26. REGISTRAR'S SIGNATURE Herbert P. Donke MD DM

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

JAN 24 1961

Pa 7-0202

4-6 P.M. monday

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 James C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Grav

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.