

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004035

STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 233

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Normandy</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Normandy</b> <b>417!</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5375 Gladstone</b>		Length of stay in lb <b>Years</b>	d. STREET ADDRESS (If outside, give location) <b>5375 Gladstone</b>
3. NAME OF DECEASED (Type or print) First <b>GILBERT</b> Middle <b>S</b> Last <b>SCOTT</b>			4. DATE OF DEATH Month <b>January</b> Day <b>24th</b> , Year <b>1959</b>
5. SEX <b>Male</b> <b>0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 22, 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman... Central</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Engraving Co.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Missouri, 0</b>
13a. FATHER'S NAME <b>John M. Scott</b>		13b. MOTHER'S MAIDEN NAME <b>Ada B. Stuart</b>	14. NAME OF HUSBAND OR WIFE <b>Elba Scott</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> <b>None</b>		16. SOCIAL SECURITY NO. <b>unk.</b>	17. INFORMANT <b>Mrs. Elba Scott</b> Address <b>Normandy Mo</b> <b>5375 Gladstone</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>?</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>Many years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.) <b>4222</b>	
20c. TIME OF INJURY Hour <b>6<sup>00</sup></b> Month, Day, Year <b>1-24-59</b> a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>11-9-52</b> to <b>1-24-59</b> and last saw him alive on <b>12-9-58</b> Death occurred at <b>6<sup>00</sup> P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Albert Kaplan M.D.</b>		22b. ADDRESS <b>University Club Building</b>	22c. DATE SIGNED <b>1/24/1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1/26/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>	23d. LOCATION (City, town, or country) (State) <b>St. Louis County Missouri</b>
24. FUNERAL DIRECTOR <b>C. R. Lupton &amp; Sons</b> ADDRESS <b>7233 Delmar Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>1-26-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo*

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.