

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007627

STATE FILE NUMBER

21649

FILED MAR 9 1959

Registration District No. Primary Registration District No.

Registration No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN NORMANDY 4176	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 5375 Gladstone	
3. NAME OF DECEASED (Type or print) First ELBA Middle SCOTT Last		4. DATE OF DEATH Month Feb. 16, Year 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 25 1885
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		9b. KIND OF BUSINESS OR INDUSTRY NONE	9c. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) ST. LOUIS MISSOURI
10d. CITIZEN OF WHAT COUNTRY? U.S.A.		11. BIRTHPLACE (City and state or country)	
13a. FATHER'S NAME LOUIS ESPENSCHIED		13b. MOTHER'S MAIDEN NAME EMMA WENNEKER	
13c. NAME OF HUSBAND OR WIFE GILBERT SCOTT		14. NAME OF HUSBAND OR WIFE	
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 CLYDE ESPENSCHIED		Address RICHMOND HEIGHTS 7010 CLAYTON RD. MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension			10 years
DUE TO (c) Generalized Arteriosclerosis			-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 5-5-53 to 2-16-59 and last saw her alive on 2-15-59 Death occurred at Jewish Hospital 5:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert Kaplan M.D.		22b. ADDRESS 607 N. Grand	
22c. DATE SIGNED 2-16-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/18/1959	
23c. NAME OF CEMETERY OR CREMATORY BETHANY CEMETERY		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. FEB 16 59	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300

57

S

Scott  
(City Vise)

APR 3 1959

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. Schoen*

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.