

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007629  
STATE FILE NUMBER  
1206  
Registration No.

Health, Welfare  
Public Service

300  
-57  
592  
C

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only statement  
All diseases in Part I must be causally related.

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, 1607 Franklin Length of stay in lb Unknown

**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  No   
d. STREET ADDRESS (If outside, give location) 1607 Franklin Ave. Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First Miltin Middle \_\_\_\_\_ Last Scott  
4. DATE OF DEATH Month 1 Day 31 Year 1959

5. SEX M. 6. COLOR OR RACE Col. 7. MARRIED  NEVER MARRIED  WIDOWED  Sep  DIVORCED   
8. DATE OF BIRTH 12-15-1894 9. AGE (In years last birthday) 64 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) Labor 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Louisiana 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Irene 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. \_\_\_\_\_ 17. INFORMANT Bertha Preston, 1434 E. 90th Cleveland 6, Ohio Address \_\_\_\_\_

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Acute Tracheo Bronchitis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 500X  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19. WAS AUTOPSY PERFORMED? YES  NO

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  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) Patrick Taylor Casanova 21b. ADDRESS 1300 Clark 22c. DATE SIGNED 2.3.59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-4-59 23c. NAME OF CEMETERY OR CREMATORY Father Dixon Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County MO.

24. FUNERAL DIRECTOR Gus Lowe ADDRESS 2930 Dickson Street 25. DATE RECD. BY PHYSICAL REG. FEB 5 1959 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 *Leroy U. Jannister*

Licensed Embalmer No. *4523*

P. O. Address *4251 Washington*

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.