ealth,
Welfare
ublic
ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-015708
STATE FILE NUMBER

FILED MAY 7 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 3417

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Illinois b. COUNTY |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes X No ☐ | c. CITY OR TOWN East St. Louis — Inside Limits Yes ☐ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, Little Rock Hospitals, Inc. — Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 1911 North 19th St. — Reside on Farm Yes ☐ No ☐ |

| 3. NAME OF DECEASED (Type or print) First | Middle | Last | 4. DATE OF DEATH Month | Day | Year |
|---|---|---|---|---|---|
| Rose | | Scott | April | 5, | 1959 |

| 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | WIDOWED | DIVORCED | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Female | White | X | ☐ | ☐ | ☐ | July 28, 1885 | 73 | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| HOUSewife | at home | Cahokia, Illinois | U.S.A. |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| Felix Paskal | Mary Catherine Cunningham | George Lee Scott |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | Address |
|---|---|---|---|
| no | none | George L. Scott | E. St. Louis, Illinois |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Pulmonary Emboli Multiple | 1 week |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Congestive Heart Failure | 3 mo. |
| DUE TO (c) | Arteriosclerosis Heart Disease 420.0 | years |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES X 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 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 January 6 1959 to April 5, 1959 and last saw the deceased alive on April 4, 1959

Death occurred at 3 AM April 5 1959 on the date stated above; and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| R B Harrison M.D. | 1755 South Grand Ave. | 4-6-59 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 4-7-59 | Holy Cross Cemetery | Canteen Twsp., Illinois |

| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|---|
| Kassly Funeral Home | East St. Louis, Ill. | APR 6 '59 | Earl Smith M.D. |

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....Not Embalmed....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....Joseph J. [illegible].....

Licensed Embalmer No. ...[illegible]...75...

P. O. Address ....E. 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.