OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 16 1959

59-042492

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9562

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: lo days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Brentwood — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 1447 Blue Bird Terrace — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GERALD Middle: W. Last: SCURAS

4. DATE OF DEATH: Month: October Day: 17, Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-8-1934

9. AGE (last birthday): 25

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Representative

10b. KIND OF BUSINESS OR INDUSTRY: R.J. Reynolds Tobacco Company

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Andrew E. Scuras

13b. MOTHER'S MAIDEN NAME: Adele Watzlow

14. NAME OF HUSBAND OR WIFE: Anna Mae Scuras

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 10-14-55 to 9-30-57

16. SOCIAL SECURITY NO.: 494-36-0177

17. INFORMANT: Mrs. Anna Mae Scuras, 1447 Blue Bird Tr — Address

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): METASTATIC MALIGNANT MELANOMA — INTERVAL BETWEEN ONSET AND DEATH: 6 WKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): MALIGNANT MELANOMA

DUE TO (c): 190.9

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 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 9/9/59, to 10/17/59 and last saw ~~him~~ him alive on 10/17/59

Death occurred at 11:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William A. Fabry M.D.

22b. ADDRESS: 3720 WASHINGTON

22c. DATE SIGNED: 10/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-21-1959

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son, Inc., 2161 E. Fair — ADDRESS

25. DATE RECD. BY LOCAL REG.: OCT 19 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 13 1961

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_____ Signed Clement McGinn

Signature of Student Embalmer

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.