

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH
LED VS JUN 29 1960

-60-024956
 STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5850**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		a. STATE Mo.	b. COUNTY ST LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY OR TOWN Jennings 36 Mo	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b 2 1/2 Wks		d. STREET ADDRESS 10008 BELBRIDGE LANE	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First GLADYS	Middle M.	Last SCOTT	Month JUNE	Day 6	Year 1960
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/19/16	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASST. BUYER		10b. KIND OF BUSINESS OR INDUSTRY DEPT STORE	11. BIRTHPLACE (City and state or country) SCOTTSVILLE Ky	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME GEORGE BROWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE CHARLES E. 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. 497-03-5147	17. INFORMANT MR. CHARLES E. SCOTT Address 10008 BELBRIDGE LANE		

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) RENAL FAILURE		3 1/2 WEEKS
DUE TO (b) DIABETES MELLITUS		15 YEARS
DUE TO (c) 260+		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GANGRENE OF LEFT LEG	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 WORK <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
20g. STATE		

21. I attended the deceased from **MAY 26, 1960** to **JUNE 6, 1960** and last saw her/him alive on **JUNE 6, 1960**
 Death occurred at **11:40 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C. D. Vermillion, M.D.</i>	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 6/7/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/9/60	23c. NAME OF CEMETERY OR CREMATORY CALVARY	23d. LOCATION (City, town, or county) St Louis Mo
24. FUNERAL DIRECTOR DREHMAN HARRAL	ADDRESS 1905 UNION	25. DATE RECD. BY LOCAL REG. JUN 7 1960	26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FA 1115011 2162-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4537

P. O. Address Louis.

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