

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025190
STATE FILE NUMBER

FILED VS JUL 7 1960 317 Primary Registration District No. 548 Registrar's No. 1876

1. PLACE OF DEATH a. COUNTY ST LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES		Length of stay in 1b 40 YES	c. CITY OR TOWN WEBSTER GROVES		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 168 EVELID		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 168 EVELID		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDITH Middle V Last SCOTT			4. DATE OF DEATH Month JUNE Day 17 Year 1960		
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JAN 3 1902 58	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and state or country) ARKANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HORACE SCOTT		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT Address Edith Lane 168 Euclid		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Hypertensive Cardiovascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Atrial Fibrillation					INTERVAL BETWEEN ONSET AND DEATH June 17, 1960 June 17, 1960
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 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 STATE	
21. I attended the deceased from June 16, 1960 to June 17, 1960 and last saw her/him alive on June 13, 1960 Death occurred at 10:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Angelo A. Speno M.D.			22b. ADDRESS 9313 MANCHESTER RD.		22c. DATE SIGNED 6/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. NAME OF CEMETERY OR CREMATOR Washington Park	23c. LOCATION (City, town, or county) (State) St. Louis County, Mo		
24. FUNERAL DIRECTOR J. J. Dandrea & Sons		ADDRESS 1796 Hickman	25. DATE RECD. BY LOCAL REG. 6-20-60	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Andrew J. Gaudet

Licensed Embalmer No. 4243

P. O. Address 130 E. 4th St.
Hibbing, Minn.

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.