SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2607 STATE FILE NUMBER 61-011553

FILED MAR 30 1961

1. PLACE OF DEATH a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | Length of stay in 1b | c. CITY OR TOWN St Louis | Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips | Inside Limits Yes ☐ No ☐ | d. STREET ADDRESS (If outside, give location) 1420 Francis | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Alberta Middle: Sanders Last: Scott

4. DATE OF DEATH Month: March Day: 16 Year: 1961

5. SEX Female | 6. COLOR OR RACE Negro | 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH 14 May 1899 | 9. AGE (last birthday) 61 | 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) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (City and state or country) Vicksburg, Miss. | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Ivory | 13b. MOTHER'S MAIDEN NAME Emma | 14. NAME OF HUSBAND OR WIFE William Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT William Scott | Address 1420 Francis

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) Arterio-Sclerotic Heart Disease | INTERVAL BETWEEN ONSET AND DEATH 2-14-61

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

DUE TO (c) 420.0

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 3-14-61 to 3-16-61 and last saw her him alive on 3-16-61

Death occurred at 8 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D. | 22b. ADDRESS 822 N. Jefferson | 22c. DATE SIGNED 3-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 20 Mar 61 | 23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | 23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR Reliable Funeral Sys, Inc. | ADDRESS 1389 N. Union | 25. DATE REC'D BY LOCAL REG. MAR 18 1961 | 26. REGISTRAR'S SIGNATURE [signature] M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Clarence Groomes

Licensed Embalmer No. 4755

P. O. Address 1389 Ulm

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.