

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE XC-14 813 079 SL 2312

-62-040733

10361

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED **F**

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

LED NOV 1 1962

1. PLACE OF DEATH
a. COUNTY **Missouri** b. COUNTY **Missouri**

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **915 N. Grand, St. Louis, Mo.** Length of stay in 1b **8 1/2 days**

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **VET. ADM. HOSPITAL** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **4252 A Evans** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **WALTER** Middle **SCOTT** Last **SCOTT**

4. DATE OF DEATH Month **October** Day **27** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **11/24/86** 9. AGE (last birthday) **75**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Aberdeen, Mississippi**

11. BIRTHPLACE (City and state or country) **Aberdeen, Mississippi** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Scott** 13b. MOTHER'S MAIDEN NAME **Marget Adams** 14. NAME OF HUSBAND OR WIFE **- - - - -**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **WW-1**

17. INFORMANT **Jack Sanders (Uncle)** Address **Same add. as 2.**

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **PNEUMONITIS, BILATERAL, MASSIVE**

DUE TO (b) **CARCINOMA OF NASOPHARYNX**

DUE TO (c) **146X**

INTERVAL BETWEEN ONSET AND DEATH

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 **4:00** a.m. **10/27/62** Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK OR WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **VAH, ST. LOUIS, MO.**

20f. CITY, TOWN, OR LOCATION **VAH, ST. LOUIS, MO.** COUNTY **St. Louis** STATE **MO.**

21. I attended the deceased from **8/1/62** to **10/27/62** and last saw him alive on **10/27/62**

Death occurred at **4:00 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **A. Herbert L. Fisher** (Degree or title) **VAH, ST. LOUIS, MO.** 22b. ADDRESS **VAH, ST. LOUIS, MO.** 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Oct. 30, 1962** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) (State) **Jefferson Barracks Mo.**

24. FUNERAL DIRECTOR **E. B. Noone** ADDRESS **1221 N. Grand Blvd.** 25. DATE RECD. BY LOCAL REG. **OCT 29 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

VS 300 Rev. 4/59

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DATE AMENDED **11/27/62**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

83

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 Wilbur Blackburn

Licensed Embalmer No. 3962
P. O. Address 122 N. Grant St

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.