

FILED SEP 12 1968

CERTIFICATE OF DEATH

124 68 0034825
1003 8478

Registration District No. 318 Primary Registration District No.

Registrar's No. 8478

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. ARTHUR		M.	SCOTT	MALE	September 6, 1968			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. WHITE		72	Mo. Days	Hours Min.	February 19, 1896		70.	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
10b. ST. LOUIS		76. YES		74. ALEXIAN BROTHERS HOSPITAL				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
9. MISSOURI		8. U.S.A.		10. WIDOWED		11. Sadie Pinkston Scott (Deceased)		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 410-9		13. Custodian		13b. Retired				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14. MISSOURI		14b. ST. LOUIS	14c. LEMAY		14d. YES	14e. 9940 CLYDE		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. WALTER				SCOTT	16. LEWIS OLLIE SCOTT			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OF TOWN, STATE, ZIP)				
17b. HOMER SCOTT				17c. Route # 2 Box # 114 Imperial, Missouri				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
II. IMMEDIATE CAUSE		(a) Acute Coronary Thrombosis					30 mins.	
DUE TO, OR AS A CONSEQUENCE OF:		(b) Arteriosclerotic Heart Disease					10 yrs.	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO)	
Prior myocardial infarctions; hyperthyroidism					19a. No		19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.		20b.	20c.	20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20a.		20b.		20c.		20d.		
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. I ATTENDED THE DECEASED FROM		Mar 3 1966	21b. Sept 6 1968	21c. Aug 30 1968	21d. not	21e. 3:45		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD	
22a.					22b.		22c.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		M.		
23a. Clement B. Grebel MD		23b. [Signature]		23c. September 6, 1968		23d.		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
23a. 16 Hampton Village Plaza		23b. St. Louis		23c. Missouri		23d. 63109		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION				
24a. REMOVAL		24b. AULSBERRY CHAPEL		24c. Bonne Terre, Missouri				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24a. September 9, 1968		24b. HOFFMEISTER, Mortuaries, Inc. 7814 South Broadway, St. Louis, Mo.						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a. [Signature]		25b. [Signature]		25c. SEP 7 1968				

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DEM:

Type or print in PERMANENT BLACK INK. See handbook for instructions.

4000
6. 31

9. 0
10a. 72
10b. 5.50
11. 0
12. 2
13. 410-9
14.
15. 4
16.
17.
18. 0
19. CREDITS
20.

25b. [Signature]

25c. [Signature]

Dr. Clement B. Grebel # 16 Hampton Village Plaza FL 1-8910
Room # 277 1-5p.m

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 John J. Denny
Licensed Embalmer No. 4194
P. O. Address St. Louis, Mo.

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.