

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

13185

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City St. Louis (No. 401 Fassen)

File No..... **3268**
Registered No.....
St. Ward)

2. FULL NAME

Sargard W. Scanland
(a) Residence, No. 401 Fassen St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Scanland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1944
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 4 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. police man
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER / FATHER 13. NAME Wm Sargard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Fannie Scanland
(ADDRESS) 401 Fassen

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cem. DATE 3-26 1936

19. UNDERTAKER Southern Undertaking Company
(ADDRESS) 6322 S. Grand Blvd.

20. FILED APR 26 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 1936

22. I HEREBY CERTIFY That I attended deceased from March 22 1936
I last saw him alive on March 22 1936 Death is said to have occurred on the date stated above, at 8:05 p.m.
The principal cause of death and related causes of importance were as follows:

Senility
the myocarditis and arteriosclerosis
Other contributory causes of importance: 93C

Name of operation none Date of operation.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? at home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Max Staubhoff, M. D.
(Signed) Max Staubhoff
(Address) 512 Danville

Dr. Stankoff
512 Dover Pl