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

JUN 12 1937

Do not use this space.

File No. 18634

Registered No. 5210

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2333 South Compton St. ..... Ward)

2. FULL NAME Patrick L. Scannell

(a) Residence, No. 2333 South Compton St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary O'Connor Scannell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	83	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 17 years

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fireman

10. Date 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) Ireland

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Mary Lane

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

17. INFORMANT Mrs. P. Scannell
(ADDRESS) 2333 S. Compton.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 5-26- 1937

19. UNDERTAKER Southern Fun. Co.
(ADDRESS) 6322 S. Grand Blvd.

20. FILED MAY 25 1937 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. '36, 1936, to May 24, 1937

I last saw him alive on May 23, 1937. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polyneuritis (total disability - bedridden) (Etiologic factor not known)	17 yrs
Arterio Sclerosis?	
Nephritis, Chronic	

Other contributory causes of importance: Uremia, Terminal

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(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? No

If so, specify .....

(Signed) George A. O'Sullivan, M. D.

(Address) 421 W. Schermer

Dr. O'[illegible] SW
421 [illegible]