

No. 2
1-10-39
17-39
X214

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40260

State File No.

Registrar's No.

10031

Registration District No.

Primary Registration District No.

1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sister's Of Poor 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 MOS.
(Specify whether
In this community All of life
years, months or days)

3. (a) PRINT FULL NAME Bartholomew Thomas Scannell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 22 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 13 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Stock Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name Bartholomew Scannell 5

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Coughlin

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant P. J. Joseph Scannell

(b) Address 4823 Penrose St.

17. (a) Burial (b) Date thereof 12 9 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery
W. D. Stock

18. (a) Signature of funeral director _____

(b) Address DEC 6 1940 Grand

19. (a) _____ (b) J. H. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 7
(If outside city or town limit, write "RURAL")
(d) Street No. 4823 Penrose St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1940 hour 2:00 minute _____ a. M.

21. I hereby certify that I attended the deceased from Oct 6 1940 to Dec 6 1940
that I last saw him alive on Dec 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic Myocarditis Duration 2 mos

Due to _____
Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Anthony A. DeKorsky (M. D. or other) _____
Address 1525a Cass Ave Date signed 12/6/40

Dr. Stephani

1525 Reno

2-3-68

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Fran

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 this body is not embalmed, above space should be left blank.