V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13001

Registration District No. 791 Primary Registration District No. 1002

Registrar's No. 3431

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: Christian Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 176

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4956 Labadie Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Nellie Scanlon

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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 Sept (Month) 1 (Day) 1875 (Year)

8. AGE: Years 65 Months 7 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business —

FATHER
12. Name John Scanlon
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anne Callahan
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John M. Meara
(b) Address 4956 Labadie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Bros
(b) Address 2849 No Euclid Ave

19. (a) APR 21 1941 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1941 hour 11 pm minute — M.

21. I hereby certify that I attended the deceased from Jan 3, 1941, to April 19, 1941, that I last saw her alive on April 19, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of ascending colon primary	
Due to: Carcinoma of right kidney	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations as above.	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other) MD
Address 5074 N. Union Date signed 4-21-41

(Licensed Embalmer's Statement on Reverse Side)

DR. Klein
50 7th. Un.
Mu. 10.30

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

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, fact should be so stated above.