

2-40  
7-39  
X23159

FILLED NOV 24 1941  
Registration District No. **1791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution City Hospital No. 1  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Scannell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased A out 1869  
(Month) (Day) (Year)

8. AGE: Years Abt 72 Months \_\_\_\_\_ Days \_\_\_\_\_  
-If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name Bartholomew Scannell

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Coughlin 4  
(City, town, or county) (State or foreign country)

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant John Scannell (brother)

(b) Address 2209 Hebert St.

17. (a) Burial (b) Date thereof 10-24-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Boul.

19. (a) OCT 23 1941 (b) J. F. Braddock  
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
17

(c) City or town ST. LOUIS 6 13  
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 ARSENAL ST.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 21st  
Year 1941 hour 12 minute 35 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Trac Right heart Direction  
Branches pyramidal when she  
fell to the floor about  
2:30 AM Sept 21 1941  
on Hall #4 of city  
Department

Other conditions \_\_\_\_\_  
(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) Accident

(b) Date of occurrence Sept 21-41

(c) Where did injury occur? St. Louis 000 m  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
13 Public place shopping  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury fell

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed 10/23/41

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

**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..... *F. A. Moore* .....

Licensed Embalmer No. *304* .....

P. O. Address..... *St Louis* .....

**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.**