S. No. 2
M—1-4-41
v. 5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

Registration District No. 8318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35868

Primary Registration District No. 1003

Registrar's No. 9959

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:
2618 Natural Bridge Blvd. /
(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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 920
(If outside city or town limits, write "RURAL")

(d) Street No. 2618 Natural Bridge Blvd
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Frank J. Scanlon

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Wife
Ida Scanlon

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 9th, 1868
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	2	17	hr. min.

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired-Shipping Clerk

11. Industry or business

MOTHER FATHER

12. Name Patrick Scanlon

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

MOTHER

14. Maiden name Mary Reed

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

16. (a) Informant Mrs. Ida Scanlon

(b) Address 2618 Natural Bridge Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Sullivan Bros.

(b) Address 2849 N. Euclid Ave.

19. (a) NOV 30 1942 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 29th
year 1942 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Nov 15 1942 to Nov 29 1942 that I last saw him alive on Nov 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Hypothyroidism Myxedema

Due to Chronic Nephritis 4

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration.

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

23. Signature L. F. Strecker (M. D. or other)

Address 2901 W Newstead Date signed 11/30/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Strecker,
2901 N. Newstead, Goodfellow
6400

5347 Theodosia ----Rosedale
6219

Monday
11am to 1pm

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 St Louis Mo

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.