S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5690

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2175

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: Firmin Desloge Hospital 0 (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 Mo. (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 5917A Maple Ave., (If rural, give location) 5
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME PATRICK SCANNELL
3. (b) If veteran, name war No
3. (c) Social Security No. None
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 March 17, 1865. (Month) (Day) (Year)
8. AGE: Years 78 Months 11 Days 14 If less than one day hr. min.
9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name Dennis Scannell
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Hanna Shanahan
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Miss. Mary T. Clines
(b) Address 5917A Maple Ave.,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 6/44. (Month) (Day) (Year)
(c) Place: burial or cremation Martinburg, Mo.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave
19. (a) MAR 5 1944 (Date received local registrar) (b) L. F. Bredinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 44 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3-2, 19 44 to 3-3-44, 19 ; that I last saw him alive on 3-3, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertensive arteriosclerotic heart disease	uncertain
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none.

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 Philip L. Graves (M. D. or other)
Address 1525 So. Grand Date signed 3-4-44

(Licensed Embalmer's Statement on Reverse Side)

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 Alan J. Neely

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.,

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.