

FILED JUL 8 1944 18

1003

Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town 4136 Russell Ave.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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)

3. (a) PRINT FULL NAME Bridget Scannell  
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, Widowed  
6. (b) Name of husband or wife Michael 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 2 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 6 23 hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ Ireland  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Daniel Sheehan  
13. Birthplace \_\_\_\_\_ Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherin Fitzgibbons  
15. Birthplace \_\_\_\_\_ Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Scannell  
(b) Address 4136 Russell Ave.  
17. (a) Burial (b) Date thereof June 28 44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.  
(b) Address 4228 So. Kingshighway Bl.  
19. (a) JUN 27 1944 (b) J. D. Predeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4136 Russell Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 25  
year 1944 hour 8.50 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1-2-40, 19\_\_\_\_, to 6-25-44, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 4 day

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: Hypertensive Myocarditis 4 yrs  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature Justus D. Doherty (M. D. or other)  
Address 1402 So Grand Date signed 6/26/44

1457 So. Grand

**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.....

working under my personal supervision.

....., Registered Apprentice No. ....

Signed Edwin M. Dermatt

Licensed Embalmer No. 3024

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.**