

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis,**
(b) City or town **Pine Lawn,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4116 Ravenwood Ave
(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 **Joseph N. Scanlon**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ida Scanlon**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan 3 1869**
(Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **23**
If less than one day _____ hr. _____ min.

9. Birthplace **Nashville Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Shoe workerm**

11. Industry or business _____

MOTHER FATHER {
12. Name **Bart Scanlon**
13. Birthplace **4 Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Scanlon**
15. Birthplace **6 Greese**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ida Scanlon**
(b) Address **4116 Ravenwood Ave**

17. (a) **Burial** (b) Date thereof **11/29/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Strook - Carroll**

(b) Address **4600 Natural Bridge Ave**

19. (a) **DEC 1 1944** (b) **E. H. McLaughlin**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis,**
(c) City or town **Pine Lawn**
(If outside city or town limits, write "RURAL")
(d) Street No. **4116 Ravenwood Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov,** day **26**
year **1944** hour **1** minute **a** M.

21. I hereby certify that I attended the deceased from **Nov 25** 19**44** to **Nov 26** 19**44**
that I last saw him alive on **Nov 26** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary thrombosis**
Due to **stypentension + 100-110**
Duration **2**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **132**
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature **E. H. McLaughlin** (D. or other) _____
Address **6083 L. Street** Date signed **11/29/44**

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

DEC 19 1944

MAY 14 1956

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 Sheldon Collier

Licensed Embalmer No. 3382

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.