S. No. 2
M—8-43
v. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39773

FILED JAN 15 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11277

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: 3709 California Avenue
(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)

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. 3709 California Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NANCY ELIZABETH SCAHILL
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
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 July 26. 1942 (Month) (Day) (Year)
8. AGE: Years 2 Months 5 Days 4 If less than one day hr. min.
9. Birthplace St. Louis, Mo., (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Harry J. Scahill
13. Birthplace St. Louis, Mo., (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Florence Kaiser
15. Birthplace St. Louis, Mo., (City, town, or county) (State or foreign country)
16. (a) Informant Harry J. Scahill
(b) Address 3709 California Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/45. (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem.
18. (a) Signature of funeral director Gebken-Benz
(b) Address 2842 Meramec Street
19. (a) JAN 2 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th year 1944 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from Dec. 29 10 P, 19 , to Dec. 30, 1944 that I last saw her alive on Dec. 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia — Duration 5 hours
Due to Acute tracheitis and bronchitis
Due to
Other conditions (Include pregnancy within 3 months of death) 108
Major findings: Of operations
Of autopsy Lobar pneumonia tracheal infiltration

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 D. I. Johnson (M. D. ~~or other~~)
Address 2801 Chippewa Date signed 12-30-44

(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.....John Kettle.....

Licensed Embalmer No.....3880.....

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.