

FILED APR 6 1945
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2250

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5503 A. Tennessee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 83-6-26 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5503 A. Tennessee (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Calnane

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 29 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 26 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

12. Name John Scannell

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

14. Maiden name Heleen Conley

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

16. (a) Informant Wm. Ayer

(b) Address 413 Lucas

17. (a) burial (b) Date there 3-28-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) MAP 2-2 (b) J. F. Brudich
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Mch. day 25th.
year 1945 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2/20 1945 to 1/13 1945
that I last saw the deceased alive on 1-13 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____

Other conditions Penitentiary
(Include pregnancy within 3 months of death)
Major findings: no
Of operations: no
Of autopsy: no

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? _____ (c) Means of injury _____

23. Signature Joseph J. ... (M. D. or other) _____
Address ... Date signed 3/27/45

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

MOTHER FATHER

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.....

Francis Williamson

Licensed Embalmer No. *3565*

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.