

FILED JUN 11 1945
Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 1268

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(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)

3. (a) PRINT FULL NAME Lawrence James Scanlon
 3. (b) If veteran, name war no
 3. (c) Social Security No. 494-07-1353

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Florence Scanlon
 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased February 22 1898
(Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 9
 If less than one day hr. _____ min. _____

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

10. Usual occupation Supervisor

11. Industry or business Velvet Freeze Co.

MOTHER { 12. Name Lawrence Scanlon
 13. Birthplace Birmingham England U
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Penton
 15. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Scanlon
 (b) Address 117 Little Broadway

17. (a) (b) Date thereof June 4, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
 (b) Address 7814 S. Broa dway

19. (a) JUN 4 1945 (b) E. B. McBaron, MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis 96
 (c) City or town Lemay 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 117 Little Broadway 0
(If rural, give location)
 (e) Citizen of foreign country? no 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
 year 1945 hour 12 minute 10. a.

21. I hereby certify that I attended the deceased from 3-15-1945 to 6-1-1945
 that I last saw him alive on MAY 31, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOGENIC CARCINOMA 2YRS?

Due to 47d

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: CONFIRMED
 Of operations DIAGNOSIS
 Of autopsy CONFIRMED CLINICAL
DIAGNOSIS

Duration

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) (e) Means of injury

23. Signature James L. Mudd (M. D. or other) _____
 Address 1634 N GRAND Date signed 6-1-45

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

196
188
3

Fr 2020

Dr. Mudd 634 N. Grand ave,

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 *Linus C Hoffmeister*
Licensed Embalmer No. *3871*
P. O. Address *7814 S. Broadway*

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.