

FILED MAY 24 1945

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 931

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pasadena Hills, - Clay Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital.
(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 Wilford Scrivner.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Scrivner. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 26, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>5</u>	hr. _____ min.

9. Birthplace Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker.

11. Industry or business _____

MOTHER FATHER { 12. Name Riley Scrivner.

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

14. Maiden name Catherine Bennett.

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

16. (a) Informant Mrs. Ida Scrivner.

(b) Address 7312 Huntington Drive.

17. (a) Burial. (b) Date thereof Apr. 4, 1945.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) APR 5 1945 (b) E. E. McCarron
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Pasadena Hills.
(If outside city or town limits, write "RURAL")

(d) Street No. 7312 Huntington Drive.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st.
year 1945. hour 5. minute 00. P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute alcoholism Duration _____

Due to _____

Due to _____

Other conditions Accident
(Include pregnancy within 3 months of death)

Major findings: 1945
Of operations _____

Of autopsy Acute alcoholism 77E

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) Accident

(b) Date of occurrence April 1st, 1945

(c) Where did injury occur? Pine Lawn, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work? X Acute Alcohol Means of injury i-sm

23. Signature Arnold J. Willmann (M.D. or other) Coroner.

Address 601 Brentwood Blvd Date signed 4-4-45.

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 Stanley Marshall

Licensed Embalmer No: 2868

P. O. Address 3840 Lindell

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.