

No. 2
-12-45
-17-39
X47070

FILED MAY 11 1948
Registration District No. _____

Primary Registration District No. **5594**

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

1. PLACE OF DEATH:

(a) County **JEFFERSON**

(b) City or town **RURAL MERAMEC**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 WEEK - 1 DAY**
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **EDWARD PATRICK SCULLY**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **MO** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MAY 24 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 11 6 hr. min.

9. Birthplace **ST. LOUIS, MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **POLICEMAN**

MOTHER FATHER

11. Industry or business _____

12. Name **PATRICK SCULLY**

13. Birthplace **ST. LOUIS, MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY O. BRIEN**

15. Birthplace **ST. LOUIS MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Brother Conrad O. S. J.**

(b) Address **St. Joseph's Hill**

17. (a) **Burial** (b) Date thereof **May 3 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Arthur J. Donnell**

(b) Address **3840 Lindell Blvd**

19. (a) **April 30 '48** (b) **Phil J. Kirk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS MO**

(c) City or town **ST. LOUIS** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **5351 ST. LOUIS AVE** **9**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **29**
year **1948** hour **11:30** minute **P. M.**

21. I hereby certify that I attended the deceased from **APRIL 21** 19**48**, to **APRIL 29** 19**48**
that I last saw h. i. m. alive on **APRIL 27** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **CHRONIC MYOCARDITIS**

Due to **CARDIAC INSUFFICIENCY**

Due to _____

Other conditions: _____
(Includes pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **1310**

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) (Cause) of injury _____

23. Signature **J. M. Marston M.D.** (M. D. or other) **0**

Address **315 N. Vandeventer** Date signed **7/30/48**

SEP 24 1948

2 2 14

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed

5/10/48

SEP 30 1948

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.