

14-43  
7-39  
K36671

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

FILED OCT 1 1948

Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. ....

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: **Frisco Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
(Specify whether  
In this community **Years**  
years, months or days)

3. (a) PRINT FULL NAME **FRANCIS DAILEY SCANLAN**

3. (b) If veteran, name war **WW 1** 3. (c) Social Security No. **702-07-2269**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Opal Scanlan** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **August 27 1895**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **0** Days **22** If less than one day  
hr. min.

9. Birthplace **Newburg Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Locomotive Engineer**

11. Industry or business **Frisco R. R.**

MOTHER FATHER

12. Name **John Scanlan**

13. Birthplace **Sunburg Pa.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Dailey**

15. Birthplace **Brooklyn N.Y.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Opal Bailey SCANLAN**

(b) Address **7012 Tholozan Ave.**

17. (a) **Removal** (b) Date thereof **Sep. 21 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawrence, Kan.**  
**C. Hoffmeister Colonial Mortuary**

18. (a) Signature of funeral director **6464 Chippewa St.**

(b) Address **6464 Chippewa St.**  
19. (a) **SEP 20 1948** (b) **J. F. Bresock**  
(Date received local registrar) (Registrar's signature)

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. **7012 Tholozan**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **19** 4th P  
year **1948** hour **2:31** minute **31** M.

21. I hereby certify that I attended the deceased from **Sept. 17, 1948** to **Sept. 19, 1948**  
that I last saw him alive on **Sept 19, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute myocardial dilatation 1 ea Anoxemia** Duration **12 hr.**  
Due to **Status Asthmaticus** 23 yr.  
Due to .....

Other conditions: **1/2**  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

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? **Normal Miller** (M. D. **MD**)  
23. Signature **Normal Miller** Address **3616 S. 19th** Date signed **9-19-48**

OCT 19 1948

1442  
2067  
2481  
301  
A. J. Hoffner  
A. J. Hoffner  
A. J. Hoffner

**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 L. J. Hoffner

Licensed Embalmer No. 3871

P. O. Address. 7814 S. Brown

**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.