

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5011

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI				b. COUNTY MO.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS. MO.			c. LENGTH OF STAY (In this place) 7 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				
d. FULL NAME OF HOSPITAL OR INSTITUTION FAITH HOSPITAL				d. STREET ADDRESS (If rural, give location) 21 - 1822 CASS AV.					
3. NAME OF DECEASED (Type or Print)			a. (First) WILLIAM		b. (Middle) JOSEPH		c. (Last) SCANLAN		
4. DATE OF DEATH		(Month) JUNE		(Day) 7TH		(Year) 1949			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MCH. 5TH 1901			
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR: Months 3 Days 2		IF UNDER 1 WKS. Hours - Min. -					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR			10b. KIND OF BUSINESS OR INDUSTRY EILERMAN TRANSFER CO.			11. BIRTHPLACE (State or foreign country) DALLAS TEXAS			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM J. SCANLAN		13b. MOTHER'S MAIDEN NAME MARY BONNELLY		14. NAME OF HUSBAND OR WIFE MARY SCANLAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. MCH. 1919 to MCH. 22 489-05-8867		17. INFORMANT'S SIGNATURE OR NAME Mary Scanlan					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombia, acute		INTERVAL BETWEEN ONSET AND DEATH 1 d							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Nephritis, chronic							
		DUE TO (c) Thrombophlebitis - Rt Extremity							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Left Seventh nerve palsy							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1316					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X					
22. I hereby certify that I attended the deceased from 5-21 , 19 49 , to 6-7 , 19 49 , that I last saw the deceased alive on 6-7 , 1949, and that death occurred at 7:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph B. Guccione M.D.				23b. ADDRESS 2801 N. Taylor		23c. DATE SIGNED 6-8-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 10TH 1949		24c. NAME OF CEMETERY OR CREMATORY OLD. S.S. PETER = PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.			
DATE REC'D BY LOCAL REG. JUN 9 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co		ADDRESS 1827 HOGAN			

STATEMENT

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Frank J. [Signature]
Licensed Embalmer No. *961*
P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.