

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26789
Registrar's No. 1960

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS 4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>2179</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MANCHESTER MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>17 ST LOUIS 1</u>	
c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>3908 SHAW BLVD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MANCHESTER NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>SCANLON</u> c. (Last) <u>SCANLON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 20 1952</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV 2 1865</u>		9. AGE (In years last birthday) <u>86</u>		10. F UNDER 1 YEAR Months		10. F UNDER 1 YEAR Days		10. F UNDER 1 YEAR Hours		10. F UNDER 1 YEAR Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE AT HOME</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>RENAULT ILL</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
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13a. FATHER'S NAME <u>EDWARD CULLEN</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET BROPHY</u>			14. NAME OF HUSBAND OR WIFE <u>EDWARD J SCANLON (DECEASED)</u>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene J Scanlon 3435 Klocke St</u>							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Cardiac Failure</u>											
		ANTECEDENT CAUSES											
		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocarditis</u> DUE TO (c) <u>Gen'l arteriosclerosis</u>											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>											

19a. DATE OF OPERATION <u>1</u>		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from July 18, 1952, to July 20, 1952, that I last saw the deceased alive on July 18, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edt Denny M.D.</u>		23b. ADDRESS <u>Creve Coeur, Mo</u>				23c. DATE SIGNED <u>7-22-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 23 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CANNARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
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DATE REC'D BY LOCAL REG. <u>7-22-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert L. + U.C. 1905 S Grand</u>		
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SW (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 8-9

One Cause or

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ronald O. Yabuoka

Signed.....
Student Embalmer

Licensed Embalmer No. 13917

P. O. Address. St. Louis

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.