

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16169**  
Registrar's No. **3948**

FILED MAY 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo.</b>	
c. LENGTH OF STAY (in this place) <b>4 1/2 Yrs</b>		<b>2309</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>20 2118 1/2 Mullamphy St</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>A.</b> c. (Last) <b>Scahill</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 13 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 21 1908</b>	9. AGE (in years last birthday) <b>44</b>	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brewery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>Edward Scahill</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Stoeklein</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred Scahill</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-01-7114</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mildred Scahill 2118 Mullamphy St</b>	

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) <b>Coronary Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>11 Days</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 <b>4201</b>	

22. I hereby certify that I attended the deceased from **5/12**, 19**53**, to **4/13**, 19**53**, that I last saw the deceased alive on **2/12**, 19**53**, and that death occurred at **3 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert J. Anderson M.D.</b>		23b. ADDRESS <b>321 N. B. Hwy</b>		23c. DATE SIGNED <b>4/14/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	

DATE REC'D BY LOCAL REG. <b>APR 15 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stroot-Carroll 4600 Nat Bridge Ave</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Albert Mayfield*

Licensed Embalmer No.

*3077*

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.