

FILED NOV 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. 35478

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2398

1. PLACE OF DEATH a. COUNTY St, Kouis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY OR TOWN Richmond Heights	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 6420 Clayton Road	

3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary Loyola		b. (Middle)		c. (Last) Scannell		4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1955	
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER married		8. DATE OF BIRTH 10-30-1886	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse aid		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
10a.		10b.		11.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Cornelius Scannell		13b. MOTHER'S MAIDEN NAME Celestine Spencer		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister M. Francine, 1100 Bellevue Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		ANTECEDENT CAUSES		DUE TO (b) Pleural effusion	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Bronchopneumonia, bilateral	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		Carcinoma of Rt. breast, removed Nov. 1952	

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?	

22. I hereby certify that I attended the deceased from 7-2-54, 1954, to Oct. 17, 1955, and I last saw the deceased alive on Oct. 11, 1955 and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 10-18-55		REGISTRAR'S SIGNATURE Herbert B. Danks M.D.		FUNERAL DIRECTOR'S SIGNATURE W. J. Jackson		ADDRESS 6536 Clayton Rd	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 1956

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.....  
Signature of Student Embalmer

Signed *Elton R. Remeluis*

Licensed Embalmer No. *478*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.