

DEPT. OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 8 1960

2 2318

STATE FILE NUMBER 60-008819

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|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STL LOUIS, MO. | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.#1 | | d. STREET ADDRESS (If outside, give location) 310 A N. Newstead | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED First Middle Last ANNA SCANNELL | | | 4. DATE OF DEATH Month Day Year FEB 27 1960 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/4/87 |
| 9. AGE (last birthday) 72 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory | | 10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry | 11. BIRTHPLACE (City and state or country) St. Louis Mo |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME John Domachowski | |
| 13b. MOTHER'S MAIDEN NAME Justina Unknown | | 14. NAME OF HUSBAND OR WIFE Charles Scannell | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Mrs Henry McCreedy 6838 Leedale Dr |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Basilar Artery Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>332x</i> | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from JAN. 19, 1960 to FEB. 27, 1960 and last saw her him alive on FEB. 27, 1960. Death occurred at 3:45 am on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deedee or title) <i>Robert K. Lane M.D.</i> | | 22b. ADDRESS 1515 LAFAYETTE AVE. | 22c. DATE SIGNED 2/27/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 2/29/60 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | 23d. LOCATION (City, town, or county) (State) St. Louis Cty Mo. |
| 24. FUNERAL DIRECTOR ADDRESS E.J. Schnur 3125 Lafayette | | 25. DATE RECD. BY LOCAL REG. FEB 29 1960 | 26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3125 Lake

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.