

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028766

FILED VS JUL 18 1960

318 Primary Registration District No. 1003

6103 Registrar's No.

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb Life	c. CITY OR TOWN Overland <i>Wood</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9629 Holiday Garden Dr.
3. NAME OF DECEASED (Type or print) First Thomas Middle A. Last Scanlon		4. DATE OF DEATH Month June Day 14th. Year 1960	

5. SEX M.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/9/1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pr. Agent Bell Telephone Co.	10b. KIND OF BUSINESS OR INDUSTRY Co.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Michael Scanlon	13b. MOTHER'S MAIDEN NAME Mary Burke	14. NAME OF HUSBAND OR WIFE Dorothy Scanlon
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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) Yes World War # 1	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mr. Richard A. Scanlon, 9629 Holiday Garden
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestion Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 10 days
DUE TO (b) Arteriosclerosis Ht. Dis		
DUE TO (c) 420.0		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Emphysema		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour 5:00 a.m. p.m. 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 Overland, Mo.	COUNTY	STATE
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21. I attended the deceased from **1956** to **present** and last saw him alive on **6-13-60**
Death occurred at **5:00 am.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. J. Kuntz, M.D.	22b. ADDRESS 950 Francis Pl.	22c. DATE SIGNED 6-19-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/17/1960	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
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24. FUNERAL DIRECTOR Arthur J. Donnell	ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. JUN 15 1960	26. REGISTRAR'S SIGNATURE Robert Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

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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 Francis Williams

Licensed Embalmer No. 356

P. O. Address 3840 L...

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