

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5983 62-025142
STATE FILE NUMBER

318 1003
Registration District No. Primary Registration District No. Registrar's No.

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FILED JUL 2 1962

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Overland
d. STREET ADDRESS (If outside, give location) 9131 Arlene

3. NAME OF DECEASED (Type or print) First Middle Last Margaret Scannell
4. DATE OF DEATH Month Day Year June 15, 1962

5. SEX Fem 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 4/30/92 9. AGE (last birthday) 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
11. BIRTHPLACE (City and state or country) St. Louis
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Conway 13b. MOTHER'S MAIDEN NAME Sarah Bacon 14. NAME OF HUSBAND OR WIFE James Scannell 1636 Quendo

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. [redacted] 17. INFORMANT Address James Scannell 1636 Quendo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis 2 days
DUE TO (b) Arterio-sclerosis
DUE TO (c) heart disease 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 Aug-1934 to 6-15-62 and last saw her alive on 6-15-62
Death occurred at 2:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name and title) Rev. J. R. [redacted] 22b. ADDRESS 730 Holloman
22c. DATE SIGNED 6-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 6/18/62 23c. NAME OF CEMETERY OR CREMATORY Calvary Cem 23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Ortmann Funeral Home 9222 Lackland ADDRESS 25. DATE RECD. BY LOCAL REG. JUN 16 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

VS 300 Rev. 4/59	AMENDED	DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
BY AFFIDAVIT OF	SHOULD READ	MEDICAL CERTIFICATION
USE BLACK INK OR TYPEWRITER RIBBON		

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 Al. O. Ottman

Licensed Embalmer No. 3478

P. O. Address _____

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.