

S. No. 2
DOM-2-43
5-17-39
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29390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1985

ED SEP 4 1943 317
Registration District No. _____

Primary Registration District No. 3064

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Co.
 (b) City or town Ferguson, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
416 Hern Ave., / Ferguson, Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Ferguson
 (If outside city or town limits, write "RURAL")
 (d) Street No. 416 Hern Ave.,
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ida Scanlon.
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th
 year 1943 hour _____ minute _____ M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Frank J. Scanlon
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 19th 1870
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/25/1943 to 8/30/1943
 that I last saw her alive on 8/30/1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Chronic Myocarditis Duration 1935

8. AGE: Years Months Days If less than one day
73 3 11 hr. _____ min.

Due to _____
 Due to Arteriosclerosis 1930

9. Birthplace St. Louis, Missouri 1
 (City, town, or county) (State or foreign country)

Other conditions none
 (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
 Of operations none
 Of autopsy none
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 11. Industry or business _____
 12. Name James Fenton
 13. Birthplace Scotland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Agnes Fenton
 15. Birthplace Scotland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Sieber
 (b) Address 416 Hern Ave.,

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) burial (b) Date thereof 9-2-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peter's Cemetery

While at work? _____ (Specify type of place)
 (e) Means of injury _____

18. (a) Signature of funeral director Sullivan Brothers,
 (b) Address 2849 North Euclid Ave.,
 19. (a) SEP 2 - 1943 (b) E. G. Mc Gowan
 (Date received local registrar) (Registrar's signature)

23. Signature Roy Johnson (M. D. or other)
 Address Ferguson Mo Date signed 8/30/43

~~Dr. Salmes,~~ ~~Dr. Park Hoop.~~

Dr Roy Johnson at 430
40 No Flat Rd
Call at 1,30 pm

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert J Mayfield,

Licensed Embalmer No. # 3077

P. O. Address St. Louis, Missouri,

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.