

FILED JUN 14 1947  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

Registrar's No. **5611**

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

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**  
(b) City or town **St. Louis Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1827a S. 7th St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **Joseph Scollard**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Elizbeth**  
6. (c) Age of husband or wife if alive **72** years  
7. Birth date of deceased **July 15 1874**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **10** Days **22** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Joplin Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cigar Maker Lambert**

11. Industry or business \_\_\_\_\_

12. Name **Thomas Scollard**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary-Ann O. Donnell**  
(City, town, or county) (State or foreign country)

15. Birthplace **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizbeth scollard**

(b) Address **1827a S. 7th St.**

17. (a) **Burial** (b) Date thereof **6-10-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old-Peter-Paul-Cem**

18. (a) Signature of funeral director **Schumacher Und Co.**

(b) Address **3013 Meramec St.**

19. (a) **JUN 6 1947** (b) *J. H. H. H.*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **600**  
(c) City or town **St. Louis** 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1827a S. 7th St.** 9  
(If rural, give location) **23**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**  
year **1947** hour **6:30** minute **A** M

21. I hereby certify that I attended the deceased from **May 26**  
19 **47** to **June 6** 19 **47**  
that I last saw him alive on **June 5** 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **10 days**

Due to **Chronic Myocarditis** Indefinite

Due to **Arterio Sclerosis** Indefinite

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **No. operations** PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy **none**

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? \_\_\_\_\_

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

23. Signature **W. A. H. H.** (M. D. or other) \_\_\_\_\_  
Address **1544 A. So. Broadway** Date signed **6/6-47**

---

---

**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.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.**