23 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38116

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 343
City Richmond Hight (No. ... St. ... Ward)

2. FULL NAME Michael J. Scally
(a) Residence. No. 7659 Folk Ave St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22 1903
7. AGE: Years 24 — Months 3 — Days 12 — If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Truck Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): United R.R. Co
(c) Name of employer: John Lynch
9. BIRTHPLACE (CITY OR TOWN) Co Roscommon (STATE OR COUNTRY) Ireland

PARENTS
10. NAME OF FATHER: William Scally
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Co Roscommon (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER: Ellen Boyne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Co Roscommon (STATE OR COUNTRY) Ireland

14. INFORMANT Thedy Scally (Address) 7659 Folk Ave

15. FILED 12-4-1927 J. B. Fredrith REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 3rd 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 19th 1927, to Dec 3rd 1927, that I last saw him alive on Dec 3rd 1927, and that death occurred, on the date stated above, at 3:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of Left Hip (Gluteal Region - Primary) Right Lung (Secondary)
(duration) ... yrs. 2 mos. 14 ds.
CONTRIBUTORY (SECONDARY) General Debility
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Laboratory finding
(Signed) Aug. G. Nichman, M.D.
Dec 5th, 1927 (Address) 6194 Delmar Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery — DATE OF BURIAL: 12/6 1927
20. UNDERTAKER: Croghan — ADDRESS: 7146 Manchester ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.