27 1931

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

Do not use this space.

7002

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160 — File No.

Township Central — Primary Registration District No. 4470 — Registered No. 23

City University (No. 7610 Teasdale Ave St. Ward)

2. FULL NAME Michael J. Lally

(a) Residence. No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Mary Lally

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1866

7. AGE: YEARS 65 — MONTHS Unknown — DAYS — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Paver City of St Louis
(b) General nature of industry, business, or establishment in which employed (or employer): 237
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

PARENTS
10. NAME OF FATHER Patrick Lally
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT Mary Lally
(Address) 7610 Teasdale Ave

15. FILED 2-16, 1931 Lina V. Moeller D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1931, to Feb 15, 1931 that I last saw him alive on Feb 15, 1931, and that death occurred, on the date stated above, at 3:18 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis Chronic
43 c
112 (duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma
Non Sbl (duration) 5 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

(Signed) John C Cooney, M. D.
Feb 15, 1931 (Address) 5005 A Gravois

*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: 2/18 1931

20. UNDERTAKER: Arthur J Donnelly Undt Co — ADDRESS: 2039 Wash St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

No. 2.

Dr Cornell
[illegible]

11a