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

Do not use this space.
27702

1. PLACE OF DEATH
County ..... Registration District No. 1791
Township ..... Primary Registration District No. 1003
City St. Louis, Mo. (No. City, Sanitarium St. ..... Ward)

File No. 17589
Registered No. .....

2. FULL NAME John Lally
(a) Residence, No. 1421 4a Warne St. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 52 yrs. 2 mos. 23 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 Ellie Lally

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9. 1881.

7. AGE: Years 52 | Months 2 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Receiving Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Supply Co.
10. Date deceased last worked at this occupation (month and year) June 1933
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER
13. NAME Patrick Lally
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER
15. MAIDEN NAME Mary O'Donnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT W. F. McNamee M.D.
(ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 9-4 1933

19. UNDERTAKER W. A. Stock and Co.
(ADDRESS) 2117 E. Grand Blvd

20. FILED SEP -2 1933 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31st, 1933, to Aug 31st, 1933, I last saw him alive on Aug 31st, 1933. Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	8/31/33

Other contributory causes of importance:

Chronic Nephritis	7/31/33

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) William F. McNamee M.D.
(Address) 5400 Arsenal

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.

DEC 20 1933