

90 1939

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

7862
Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Normandy Primary Registration District No. 20 Registered No. 236
 (c) City Vinita Park (d) Street No. 8325 Monroe Ave. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Robert Emmett Lally
 (a) Residence, No. 8325 Monroe Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Lally

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1903

7. AGE YEARS 35 MONTHS 7 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steam-Fitter

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER
 13. NAME Michael J. Lally
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
 15. MAIDEN NAME Mary Kennedy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Helen Lally 8325 Monroe Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb. 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly 3840 Lindell Blvd.

20. FILED FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, 7:30 am.
 The principal cause of death and related causes of importance were as follows:
Sudden death.
Cause undetermined.
(see opposite side of this certificate)
 Other contributory causes of importance: _____
 Date of onset 2/8/39

Name of operation _____ Date of _____
 What test confirmed diagnosis autopsy Was there an autopsy? yes

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. Own Home

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) John O'Connell, M. D.
 Coroner of St. Louis County!

Autopsy revealed no cause of sudden death. Heart, coronary vessels, kidneys, stomach, brain, etc, etc, in normal condition.

Presumed that deceased might have fainted having arisen quickly out of his bed to attend the furnace and to have fallen thereby producing a brain concussion or ~~the~~ have died from shock produced by fear while attending to his furnace. Carbon monoxide poisoning, electrocution, poisonings, etc ruled out by investigation and autopsy.

John O'Connell, MD
Coroner.

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

Stanley Marchlew

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

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, above space should be left blank.