

S. No. 2
T-4-13-40
P. 5-17-39
X25159

DEPARTMENT OF COMMERCE

1941 FEDERAL CENSUS
FILED NOV 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35976

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 160

74
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. St. Francois County
(b) City or town. Rural St. Francois Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 yr. 5 mos. 27 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 98
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3611 Connecticut
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME. JOHN CHRISTOPHER TULLY

3. (b) If veteran, name war. Unk. 3. (c) Social Security No. None

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Divorced

6. (b) Name of husband or wife. Unk. 6. (c) Age of husband or wife if alive. Unk. years

7. Birth date of deceased. March 12, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>8</u>		hr. min.

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

10. Usual occupation. Government Inspector

11. Industry or business.

12. Name. M. Tully

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

14. Maiden name. Lacy Dooley

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

16. (a) Informant. Records of State Hospital No. 4

(b) Address. Farmington, Mo.

17. (a) REMOVAL. ✓ (b) Date thereof. Nov 14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. ✓

18. (a) Signature of funeral director. Peetz Brothers

(b) Address. 3029 Lafayette, St. Louis

19. (a) Nov 14-41 (b) T. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12,
year 1941 hour 9 minute 25 p.m.

21. I hereby certify that I attended the deceased from
January 1, 1939 to November 12, 1941
that I last saw him alive on Nov. 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage Duration 2 hrs

Due to Hypertensive Heart Disease 10920

Due to _____
Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations. 430
Of autopsy. _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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. 81

23. Signature. Ralph Kuhlman (M. D. or other) _____

Address. Farmington, Mo. Date signed 11-17-41

6011 (Licensed Embalmer's Statement on Reverse Side)

ADV 24 1941

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 Frank J. Owens
Licensed Embalmer No. 2245
P. O. Address St Louis Mo

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.