V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1945

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 31514

Registrar's No. 2254

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5005 Maffitt Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SCULLY, John Edward

3. (b) If veteran, name war World I.

3. (c) Social Security No. 498 12 2540

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ---

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased June (Month) 4 (Day) 1889 (Year)

8. AGE: Years 56 | Months 3 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Business

FATHER
12. Name Thomas Scully
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Bridget Wallace
15. Birthplace (City, town, or county) Ireland 11 (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Fac.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof SEP 21-45 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen - Kelly
(b) Address 4386 Lindell

19. (a) 9-21-45 (Date received local registrar) (b) E. G. McGovran MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18
year 1945 hour 6:50 minute A. M.

21. I hereby certify that I attended the deceased from September 17, 1945, to September 18, 1945; that I last saw him alive on September 18, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death MALIGNANT TUMOR OF SIGMOID COLON WITH STRICTURE AND PERFORATION.	Unknown
Contributory Cause. INTESTINAL OBSTRUCTION: PERITONITIS	
ACUTE: NEPHRITIS, CHRONIC	Unknown
Other conditions -- (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation.
Of autopsy Autopsy performed, see cause of death.

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) No.
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. V. EDWARDS, LT. COL., (M. D. or other) M.C.
Clinical Director.
Address Vet. Adm. Fac., Jeff. Brks. Mo. Date signed 9/18/45

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1945

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 Albert R. Thompson Jr

Licensed Embalmer No. 4287

P. O. Address St Louis

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.