

**FILED** JUL 22 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6029**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
**17**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **25**

(d) Street No. **5 N. Ninth St.**  
(If rural, give location) **0**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Edward J. Scally**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**  
year **1946** hour **7** minute **00** A.M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Unk. 9**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **About 1873**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**About 73** hr. \_\_\_\_\_ min.

Immediate cause of death **acute coronary**

Due to **Chronic endocarditis**

9. Birthplace **New Cant Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Motorman**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business **Streetcar**

12. Name **Unknown**

13. Birthplace **Unknown Unknown 9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown 9**

15. Birthplace **Unknown Unknown 9**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **William Baldwin**

(b) Address **104 N. 6th St.**

17. (a) **Burial** (b) Date thereof **7-9-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **JUL 8 1946** (b) **J. F. Bredebeck**  
(Date received local Registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature **Chrick E. Taylor** (b) **11/8/46**  
Address **Dep Coconer** Date signed

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

MOTHER FATHER

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**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, Oliver R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

**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.**