S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10767
Registrar's No. 2651

FILED MAR 25 1948

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Flower Retreat House. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2500 S 18th St (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 2500 S 18th St. (If rural, give location) 9
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(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia Tully.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Harry Tully
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 21, 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 24 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Dennis Hogan.
13. Birthplace New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Julia Egan.
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mary Cashney
(b) Address 3857 Cottage Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director J. J. Quinn
(b) Address 1389 Union Blvd.
19. (a) MAR 17 1948 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1948 hour 10:00 minute a. M.

21. I hereby certify that I attended the deceased from about January 1st, 1948 to March 15th, 1948 that I last saw her alive on March 15th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetic Coma	12 hours
Due to Diabetes	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Paul B. Webb (M. D. or other) M.D.
Address 1915 Sidney Date signed 3/17/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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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.....Ronald Yahnke.....

Licensed Embalmer No.....3917.....

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.