

STANDARD CERTIFICATE OF DEATH

26763

FILED AUG 17 1955

State File No. 26763

BIRTH NO. REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-MERAMEC 2MO'S 240</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>29</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u>		e. STREET ADDRESS (If rural, give location) <u>5000 WATERMAN 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>DENIS</u> c. (Last) <u>TULLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 1 1955</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>FEB 8 - 1894</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK-CHAIN MAKER - GROCERY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. MARY'S OHIO 1</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>JAMES TULLY</u>		13b. MOTHER'S MAIDEN NAME <u>BRIDGET LAWLER</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA GOODJOHANN</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Brother Couriel - St. Joe Hill, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u>		ANTECEDENT CAUSES DUE TO (b) <u>WITH OLD RIGHT HEMIPLEGIA</u>					
		DUE TO (c) <u>HEAT EXHAUSTION</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334XF</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 5-7, 1955, to 7-13, 1955, that I last saw the deceased alive on July 29, 1955 and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>J. J. [Signature]</u>		23b. ADDRESS <u>4323 ROLAND NORMANDY, MO. DRIVE</u>		23c. DATE SIGNED <u>8/1/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 4, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
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DATE REC'D BY LOCAL REG <u>Aug 6 1955</u>		REGISTRAR'S SIGNATURE <u>Ruth J. [Signature]</u> 438		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>CALVIN F. FEUTZ, 4828 NAT'L BRIDGE, 15</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 10 1955

OCT 8 1957

RECEIVED  
AUG 11 1955

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John A. Medina*  
Licensed Embalmer No. *416*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.