

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 28 1957

1003 State File No. 11008  
318 REGISTRAR'S NO. 1734

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. 1734	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 Weeks		c. CITY OR TOWN Normandy 41810		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				STREET ADDRESS (If rural, give location) 27 7904 Natural Bridge			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) SCALLY c. (Last) SCALLY			4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 20, 1893		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer			10b. KIND OF BUSINESS OR INDUSTRY Nuns Seminary		11. BIRTHPLACE (City and State or Foreign Country) Ireland		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Scally		13b. MOTHER'S MAIDEN NAME Ellen Boyne		14. NAME OF HUSBAND OR WIFE Mary Litherland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-36-9260		17. INFORMANT'S SIGNATURE OR NAME Helen Scally ADDRESS 7904 Nat'l. Bridge			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) At Leon Lobar Pneumonia, Rt.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral accident - left Hemiplegia DUE TO (c) Arterio Sclerosis Chronic Myocarditis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Insufficiency					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1-3-46, 1947, to 2/18, 1957, that I last saw the deceased alive on 2/17, 1957, and that death occurred at 8 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. E. Moore (Degree or title) M.D.			23b. ADDRESS 7315 Pasadena Blvd.			23c. DATE SIGNED 2/19/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 21, 57	24c. NAME OF CEMETERY OR CREMATORY St. Ann's Cemetery		24d. LOCATION (City, town, or county) (State) Normandy Mo.		
DATE REC'D BY LOCAL REG. FEB 20 1957		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. P. Kelly 7267 Natural Bridge			

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

*Dr. Moore*

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

*James A. Lammers*

Licensed Embalmer No. *4142*

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.