

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

-60-024688

INDEXED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6441** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 46 yrs.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6401a So. Kingshighway		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Sue A. Lally				4. DATE OF DEATH Month Day Year June 22 1960				
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/7/1914	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary			10b. KIND OF BUSINESS OR INDUSTRY Automobile Club		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James J. Lally			13b. MOTHER'S MAIDEN NAME Luella C. Peters			14. NAME OF HUSBAND OR WIFE Never married		
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. 549-166442		17. INFORMANT Address Luella Lally 6401a So. Kingshighway			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hemorrhage caused by Fractured Skull; Multiple Contusions of the left arm and forearm causing a hemorrhage; suffered when park bench on which deceased was seated was struck by car operated by Flora Brady, and deceased was then thrown under Public Service Bus, at Kingshighway & Chouteau Ave., On June 22nd, 1960, at about 5:30 P.M. DUE TO (b) which deceased was seated was struck by car operated by Flora Brady, and deceased was then thrown under Public Service Bus, at Kingshighway & Chouteau Ave., On June 22nd, 1960, at about 5:30 P.M. DUE TO (c) Public Service Bus, at Kingshighway & Chouteau Ave., On June 22nd, 1960, at about 5:30 P.M. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown								
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See Above				
20c. TIME OF INJURY 5:30		Hour Month, Day, Year 6-22-60		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 18 Street		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Mo.		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Gretchen Taylor Carson				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 6-24-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/25/1960	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
24. FUNERAL DIRECTOR ADDRESS Hoffmeister Colonial Mortuary, 6464 Chippewa St. St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. JUN 24 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reid C. Dawson

Licensed Embalmer No. 4769

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.