

FILED MAR 12 1940

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **1861**

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

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:
5253 PAULIAN PLACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **LIFE**
years, months or days _____

3. (a) PRINT FULL NAME **FRANK J. SCULLY**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **494-03-6487**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **NOV. 9 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 3 12 hr. min.

9. Birthplace **ST. LOUIS MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **BOOK KEEPER**

11. Industry or business **LIEBERT REALTY CO.**

12. Name **THOMAS SCULLY**

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

14. Maiden name **BRIDGET WALLACE**

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

16. (a) Informant **John E Scully**

(b) Address **5253 Paulian Pl.**

17. (a) **BURIAL** (b) Date thereof **2-24-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CATHYARY**

18. (a) Signature of funeral director **William Kelly**
(b) Address **1416 N. Taylor Ave.**

19. (a) **FEB 23 1940** (b) **J. F. Beck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County _____
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **5253 PAULIAN PLACE**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **21**
year **1940** hour **11** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **Feb 21 1940**
to **Feb 21 1940**
that I last saw **him** alive on **February 21 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Hypertensive Nephritis
Suicide
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (Means of injury)

23. Signature **Wm. C. ...** (M. D. or other) _____
Address _____ Date signed **2/24/40**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 *Clement McNeary*

Licensed Embalmer No. 3732

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 this body is not embalmed, above space should be left blank.