

FILED Jul 16 1946

State File No. \_\_\_\_\_  
Registrar's No. 1422

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days  
(Specify whether  
In this community 10 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County 96  
(c) City or town Balize) British Honduras  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rev. Francis Joseph Tully S. J.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W. 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 July 15, 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 11 20 hr. min.

9. Birthplace Omaha Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Catholic Priest

11. Industry or business \_\_\_\_\_

12. Name Matthew A. Tully

13. Birthplace Omaha Nebraska  
(City, town, or county) (State or foreign country)

14. Maiden name Mary H. Butterfield

15. Birthplace Omaha Nebraska  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Father Herbes

(b) Address 221 N. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) Florissant Mo. (b) Date thereof 7-8-46  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Arthur J. Dornally

(b) Address 3840 Lytle Blvd.

19. (a) 7-8-46 (Date received local registrar) (b) E. J. McHarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th  
year 1946 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 24 1946 to July 5 1946  
that I last saw him alive on July 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Sudden.

Due to Nephroma Rt Kidney ?

Due to 57E

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Nephroma Rt Kidney

Of autopsy Pulmonary Embolism  
Nephroma Rt Kidney

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) (e) Means of injury \_\_\_\_\_

23. Signature J. T. Manslowky M.D. (M.D. or other)

Address 986 Grand Blvd. Date signed 7/6/46

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

MOTHER FATHER

76  
8  
3

23684

JUN 19 1961

Dr. Kramolowski  
Avenue Bldg  
1-2 R  
CH-509K

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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Rindell

**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.