

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36809**
Registrar's No. **9159**

FILED OCT 21 1952

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CHARL</u>	
b. CITY OR TOWN <u>ST LOUIS</u>		c. CITY OR TOWN <u>EAST ST. LOUIS</u> <u>8120</u>	
c. LENGTH OF STAY (In this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>421 COLUMBIA PLACE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI PACIFIC HSP</u>			

3. NAME OF DECEASED (First) <u>JAMES</u> (Middle) <u>FRANCIS</u> (Last) <u>SCALLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 1 52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>N.M. U</u>	8. DATE OF BIRTH <u>July 21, 1896</u>	9. AGE (In years last birthday) <u>56</u>	10. IF UNDER 1 YEAR (Month) (Day) (Min.) <u>2 9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>EAST ST. LOUIS ILL</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>EDWARD SCALLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN BRADY</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Neil Deally</u>		ADDRESS <u>421 Columbia Eastburg</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (squamous cell) of floor of mouth + tongue in secondary hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr. 5 mo.</u>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Carcinoma of floor of mouth</u>			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>143X</u>	

22. I hereby certify that I attended the deceased from April, 1951, to Oct. 1, 1952, that I last saw the deceased alive on Oct. 1, 1952, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert N. Towhill M.D.</u> (Degree or title)		23b. ADDRESS <u>Missouri Pacific Hospital</u>		23c. DATE SIGNED <u>Oct. 2, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>M.T. CARMEL</u>	
		24d. LOCATION (City, town, or county) (State) <u>BEHEVILLE ILL</u>			

DATE REC'D BY LOCAL REG. <u>OCT 3 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Neil Staley Barner</u> ADDRESS <u>EAST ST LOUIS</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

NOT EMBALMED

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Phillip Ogden

Licensed Embalmer No. *7091*

P. O. Address *East 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, fact should be so stated above.