

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 25872

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>100</u>		Registrar's No. <u>1826</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wellston</u>		c. LENGTH OF STAY (in this place) <u>2 yrs. 3 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Webster Groves</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>650 Hollywood Place</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Michael</u>		c. (Last) <u>Tully</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH (last birthday) <u>Dec. 22, 1878</u>	
9. AGE (In years) <u>75</u>		if UNDER 1 YEAR Months <u>7</u>		if UNDER 12 MOS. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Narcotic Agent</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>F. B. I.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Michael Tully</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Gray</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
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 AND ADDRESS <u>Miss Loretta Tully, sister and gdn. Same address as pt.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES DUE TO (b) <u>Cerebral arteriosclerosis</u> (Generalized arteriosclerosis) DUE TO (c) <u>(Arteriosclerotic heart disease)</u> (Left inguinal hernia) (Osteoarthritis) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>  <u>2 yrs.</u> <u>Yrs.</u> <u>"</u> <u>"</u> <u>"</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>(Laceration of scalp)</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <u>Dec. 22, 1952</u> , to <u>July 25, 1954</u> , that I last saw the deceased alive on <u>July 25, 1954</u> , and that death occurred at <u>6:50A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>SK Brauer MD</u>				23b. ADDRESS <u>457 N. Kingshipway, St. Louis</u>		23c. DATE SIGNED <u>7/25/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/28/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/26/54</u>		REGISTRAR'S SIGNATURE <u>Hebech R. Tomkowiak</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Kelly</u>		ADDRESS <u>4386 Lindell Blvd</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James A. Lemmers

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 this body is not embalmed, fact should be so stated above.