WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33480

File No.

Registered No. 341

1. PLACE OF DEATH

96

County St. Louis, Mo. Registration District No. 1123

Township Carondelet Primary Registration District No. 6248 B

City Jefferson Barracks, Mo., Veterans Administration Hospital. St. Ward)

2. FULL NAME ALEX GALLI

(a) Residence, No. 6103 a Virginia Ave., St Louis, Mo. Ward. --
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ivy Galli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42	42	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 231

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fred Harvey Hotel.

10. Date deceased last worked at this occupation (month and year) November 1929 11. Total time (years) spent in this occupation Abt. 20 Yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Switzerland.

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Switzerland

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable France.

17. INFORMANT C. H. SMITH, M.D., Clinical Dirctor.
(ADDRESS) Vet. Adm. Hospital, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE Oct. 19, 1932

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 So. Broadway

20. FILED Oct 18 1932 L. C. Lynch M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1932, to October 17, 1932

I last saw him alive on October 17, 1932. Death is said to have occurred on the date stated above, at 3:00 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Unk.
93 C	
114	
113	

Other contributory causes of importance:

Bronchitis, chronic, asthmatic type, with emphysema, severe.	Unk.

Name of operation -- Date of

What test confirmed diagnosis? Physical Exam., clinical symptoms, x-ray and laboratory findings. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. GIBSON, M.D., Med. Off. In Chg. M. D.

(Address) Vet. Adm. Hosp. Jeff. Brks., Mo.