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.

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

Do not use this space.

/ 37217

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9836

City St Louis (No. Children's Hospital St. ..... Ward)

2. FULL NAME Mary Gallego

(a) Residence, No. 6882 Minnesota / Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 - 1931

7. AGE: YEARS 1 | MONTHS 9 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri /

FATHER

13. NAME Raymond Gallego
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba 20

MOTHER

15. MAIDEN NAME Natiba Ballina
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo /

17. INFORMANT (ADDRESS) M. B. Jacobi 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE Nov 7 1932

19. UNDERTAKER (ADDRESS) Southern Undo 6220 Gravois

20. FILED NOV 1 1932, 19 [signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1932, to Nov 5, 1932

I last saw her alive on Nov 5, 1932. Death is said to have occurred on the date stated above, at 11:45 a m.

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

	Date of onset
Pneumonia, Lobar	10-29-32
108	
89A	

108

Other contributory causes of importance:

Otitis media, acute (1)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) A. C. Taylor, M. D.

(Address) 500 So. Kingshighway