

FEB 12 1938

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

631
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Alexian Bros. Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Robert Gallo 4.00**

(a) Residence, No. **5432 Bates St.** St. **2**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elizabeth Gallo**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May, 25th, 1857.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Unemployed (8 yrs)**
9. Industry or business in which work was done, as saw mill, bank, etc. **Carpenter**
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) **Germany**

FATHER 13. NAME **Herman Gallo**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Elizabeth Gallo**
5432 Bates St. Germany

17. INFORMANT **Elizabeth Gallo**
(ADDRESS) **5432 Bates St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **Jan. 17th, 1938**

19. FUNERAL DIRECTOR **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**

20. **JAN 15 1938** **J. G. Bredbeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 13th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 5, 1937** to **Jan 13, 1938**

I last saw him alive on **Jan 13, 1938**. Death is said to have occurred on the date stated above, at **5 P.M.**

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

Chronic Myocarditis
Arteriosclerosis
Cerebral Hemorrhage

Date of onset **1937**
11/7/37

Other contributory causes of importance: **None**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **William Smith**, M. D.
(Address) **1319 S. Broadway**

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.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Thland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2645 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Frank J. Thland
Licensed Embalmer No. 2645

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.)