

REC'D MAY 10 1938

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

12828

Do not use this space.

1. PLACE OF DEATH

 (a) County
 (b) Township
 (c) City
 (d) Street No. 1450A CASS AVE
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
Registration District No. 791Primary Registration District No. 1003Registered No. 3432

2. PRINT FULL NAME

 (a) Residence, No. 1450A CASS AVE St. 25
 (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 ROSE GALLAGHER
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 14, 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 5 25

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. BOILER MAKER
 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, MOFATHER 13. NAME JOHN GALLAGHER14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELANDMOTHER 15. MAIDEN NAME MARGARET KIRBY16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND17. INFORMANT ROSE GALLAGHER
(ADDRESS) 1450A CASS AVE18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE APR. 13, 193819. FUNERAL DIRECTOR Goodpastor Goodpastor
(ADDRESS) 2228 St. Louis Ave20. FILED APR 12 1938 J. D. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th, 193822. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to April 9, 1938I last saw him alive on March 12th, 1938. Death is said to have occurred on the date stated above, at 5-00 p. m.

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

Pulmonary Tuberculosis
Hoster's ulcer

Date of onset

Other contributory causes of importance J. B.

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 Hoster a. Dell, M. D.(Signed) J. D. Bredeck, M. D.(Address) 7346 Manchester, Maplewood, Mo.

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, Charles Goodhart, Licensed Embalmer No. 2777
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Charles Goodhart
Licensed Embalmer No. 2777

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.)