

791 STANDARD CERTIFICATE OF DEATH

State File No. 24332

Registration District No. 1939

1003

Primary Registration District No.

Registrar's No. 6605

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2830 North Jefferson Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME John Gallagher 426

8. (b) If veteran, name war no 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 31st, 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 26 hr. min.

9. Birthplace Unknown
 (City, town, or county) (State or foreign country)

10. Usual occupation Trouble man

11. Industry or business St. Louis Public Service

12. Name Not known

13. Birthplace Not known
 (City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elizabeth Hummel

(b) Address 2501 Madison Street

17. (a) Burial (b) Date thereof July 29, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director My Leander

(b) Address 1417 N. Market Street.

19. (a) JUL 27 1939 (b) John Brudick
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
 year 1939 hour 3:35 minute A M.

21. I hereby certify that I attended the deceased from July 24, 1939 to July 27, 1939
 that I last saw him alive on July 27, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Myocarditis

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Geo M Pile (M. D. or other)
 Address City Hospital Date signed _____

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John E. Buchholz
.....
Licensed Embalmer No..... *1674*

P. O. Address..... *2223 St Louis Ave*

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, above space should be left blank.