

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17093**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4571**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**

(c) Name of hospital or institution:
3118a N. Sarah St. 3

(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lincoln**

(c) City or town **Hawk Point NR**

(d) Street No. **0**

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Lillian Gallagher 426**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **May** day **22**
year **1940** hour **10** minute **30 a.m.**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **James B.**

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

7. Birth date of deceased **April 28 1871**

21. I hereby certify that I attended the deceased from **Apr 20** to **May 22**, 19**40**
that I last saw her alive on **May 22**, 19**40**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	69	0	24	hr. _____ min.

Immediate cause of death **Coronary Thrombosis 1/2 hr**

9. Birthplace **Missouri**

10. Usual occupation **Housework**

Due to _____

Due to _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown Vandever**

13. Birthplace **Unknown**

14. Maiden name **Unknown**

15. Birthplace **Unknown**

Other conditions _____

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant **Byron Gallagher**

(b) Address **3118a N. Sarah St.**

17. (a) **Removal** (b) Date thereof **5-28-40**

(c) Place: burial or cremation **Troy, Mo.**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director **Albert H. Hoop**

(b) Address **4700 Washington Ave.**

19. (a) **MAY 23 1940** (b) **J. P. Brudick**

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

23. Signature **John S. M. Swiney** (M. D. or other) **MD**

Address **5014 Thibault Dr** Date signed **5/22/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 J. G. Sullivan
Licensed Embalmer No. 1122
P. O. Address.....

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.