

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County 1  
(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, #1  
(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 4 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3225 Montgomery  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1940 hour 5:35 minute A. M.

21. I hereby certify that I attended the deceased from June  
1, 19 40 to June 4, 19 40  
that I last saw him alive on June 4, 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
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 \_\_\_\_\_  
(c) 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 1

23. Signature J. P. Kiedinger (M. D. or other)  
Address 1515 Lafayette, Date signed 6/4/40

8. (a) PRINT FULL NAME Peter Gallagher 426

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

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

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years abt 78 Months Unknown Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business Unknown 9

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Ann Morrison

(b) Address City Hospital, #1

17. (a) BURIAL (b) Date thereof 6-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Gullen & Kelly

(b) Address 1416 N. York Ave

19. (a) JUN 21 1940 (b) J. G. Brodeck  
(Date of local registrar) (Registrar's signature)

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 Raymond E. Gehrke, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

City license  
#180

Signed Raymond E. Gehrke  
Licensed Embalmer No. 3985  
P. O. Address St Louis, Mo

**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.**