

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4922 Northland Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4922 Northland Ave. 6**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Emma Gallagher 176**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

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

7. Birth date of deceased **July 29, 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 0 8 hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Wm. Boehnart**

13. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Unknown**

15. Birthplace **Unknown 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **James B. Thomas**

(b) Address **4922 Northland Ave.**

17. (a) **Burial** (b) Date thereof **8-10-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Celvaney**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **AUG 8 1940** (b) **J. J. Brede**
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **7th.,**
year **1940** hour **9** minute **40 P. M.**

21. I hereby certify that I attended the deceased from **October 3, 1939, to Aug 7, 1940**
that I last saw her alive on **Aug 6, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of liver (metastatic)**

Due to **Carcinoma of R parotid gland, primary**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Ca of R Parotid**

Of autopsy **63**

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? _____

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

23. Signature **Henry G. Nassel** (M. D. or other) _____
Address **627 N. Grand** Date signed **8-8-40**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

12-2

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Blvd

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.