

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

40726
Do not use this space.

1. PLACE OF DEATH **7911**

(a) County Registration District No. **1003**

(b) Township Primary Registration District No. Registered No. **10497**

(c) City **St. Louis Mo.** (d) Street No. **2709 Armand** St. **23**
(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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Robertta Gallagher**

(a) Residence, No. **2709 Armand Place** St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF **JAMES GALLAGHER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10-17-1875**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 **2** **4**

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. **Housewife**

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) **Honeywell Shelby, Mo.**

FATHER 13. NAME **James Thomas Gallagher**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Willet Superior County, Mo.**

MOTHER 15. MAIDEN NAME **Josephine Gallagher**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Honeywell Shelby, Mo.**

17. INFORMANT **Chas Gallagher**
(ADDRESS) **2709 Armand Pl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **HANNIBAL Mo 12/24 1940**

19. FUNERAL DIRECTOR **SULLIVAN BROS**
(ADDRESS) **2849 W. Euclid**

20. FILED **DEC 21 1940**
F. V. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 21** 19**40**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 13** 1940 to **Dec 21** 1940

I last saw her... alive on **Dec 20** 1940. Death is said to have occurred on the date stated above, at **5:30am**.

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

Date of onset

Other contributory causes of importance:
Interstitial Nephritis, acute result of chr. Myocarditis

Name of operation

What test confirmed diagnosis? **physical + Electrocardiogram** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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? **No**

If so, specify

(Signed) **Dr. A. Bruden D.C.** M.D.
(Address) **3215 Lafayette Ave.**

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, Albert Mayfield, Licensed Embalmer No. 3077

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. 3077

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.)