No. 2
1-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39810

State File No.

FILED JAN 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9516

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Boys #1
(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 (b) County
(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 307a Rutger St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 49 years.

3. (a) PRINT FULL NAME Christina Gabriel
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) 64 (Year)

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

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation House work
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant James F. Gallagher
(b) Address 1300 Clark Av
17. (a) (Burial, cremation, or removal) (b) Date thereof 11-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington
18. (a) Signature of funeral director W. Richter
(b) Address 350 Rutger
19. (a) DEC 1 1941 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1941 hour 11 minute 19 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bilateral Pyelonephrosis
Due to no Diabetes
Abscess of Liver cause
Due to Cardiac Failure
Coronary Sclerosis
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 40 D
Of autopsy 10 15 D

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Thomas F. Gallagan (M. D. or other)
Address Deputy Coroner Date signed 11/19/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.