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26390

FILED JAN 24 1941

State File No. \_\_\_\_\_  
Registrar's No. 10406

Registration District No. \_\_\_\_\_

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:  
6177 Waterman Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 5-002  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6177 Waterman Ave. 5  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Louise Gallais

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

4. Sex F. race W. 5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced W.  
6. (b) Name of husband or wife John S. Gallais 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 25th., 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 3 2 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Gallier  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Hebert  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Bruno  
(b) Address 6177 Waterman Ave.

17. (a) Burial (b) Date thereof 12-31-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.

19. (a) DEC 30 1941 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th.,  
year 1941 hour 6: minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 15<sup>th</sup>, 1941 to Dec. 28<sup>th</sup>, 1941;  
that I last saw her alive on Dec 28<sup>th</sup>, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Hypertensive  
Arteriosclerotic Heart  
Disease.

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death) 10 yrs.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy MI

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? \_\_\_\_\_

(a) Signature Alphonse McNamee (M. D. or other) \_\_\_\_\_  
(b) Address 26 Mc. Blvd (c) Date signed 1/25-41

Duration \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

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**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 W. Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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, fact should be so stated above.**