

S. No. 2
1-14-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4352
Registrar's No. 1543

FILED MAR 17 1942

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis Mo
(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: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME SUSIE GALLOWAY
3. (b) If veteran, name war _____
3. (c) Social Security No. 492-070954

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Ernest Galloway
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Nov 26
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 23
If less than one day hr. min.

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

10. Usual occupation Laundress

11. Industry or business National Laundry

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Ernest Galloway

(b) Address 10 So. Channing Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cndy

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) _____ (b) J. T. Gredeck
(Date of Record and Registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State St. Louis Mo (b) County St. Louis Mo
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 10 So. Channing
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 18 year 1942 hour 11-30 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 14 1942 to Feb 18 1942
that I last saw her alive on Feb 18 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Abscess of Appendix

Due to _____

Due to unknown

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 12/1/2

Of autopsy _____

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 _____

23. Signature J. T. Gredeck (M. D. or other) _____

Address 2600 Jackson Date signed 2-19-42

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

FEB 19 1942

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.....

Ronald V. Atkins

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Finney

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.