S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

35392

State File No. 9637

Registrar's No.

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: 5716 St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")
(d) Street No. 5716 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John J. Gallagher
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Margaret Gallagher
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased September (Month) 10 (Day) 1869 (Year)

8. AGE: Years 73 Months 2 Days 7 If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Packer
11. Industry or business Century Electric Co.
MOTHER FATHER
12. Name Patrick Gallagher
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)
14. Maiden name Ann Corliss
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Mrs Margaret Gallagher
(b) Address 5716 St. Louis Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11- 20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) NOV 19 1942 (Date received local registrar) (b) J F Bieberich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 year 1942 hour 4 minute 40 p.m.
21. I hereby certify that I attended the deceased from Sept. 1 '42, 19..., to Nov 17, 19 42, that I last saw him alive on Nov 16, 19 42, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 1 hr
Due to 94 — 4 yr
Due to 94 — 4 yr
Other conditions Grave Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy

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? No (Specify type of place)
While at work? (e) Means of injury

23. Signature Merle Bom (M. D. or other)
Address 1492 Hodiamont Date signed 11/18/42

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.