

FILED JAN - 5 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10780**

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Mary's Infirmary  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 (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. 3138 Hickory Street  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21  
 year 42 hour 2 minute 45 P. M.  
 21. I hereby certify that I attended the deceased from 1-7-42 to 12-21-42  
 and that death occurred on the date and hour stated above.  
 that I last saw her alive on 12-21-42  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Antemortem Heart Disease  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (g) Means of injury \_\_\_\_\_  
 23. Signature L. S. Davis (M. D. or other) M. D.  
 Address 1536 Poplar Date signed 12-22-42

3. (a) PRINT FULL NAME Josephine Galloway

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race Cold 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years About 66 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Columbus, Mo. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation Nursekeeper

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

12. Name Tom Gakely

13. Birthplace Frankfort Ky. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Mary Street

15. Birthplace Columbus Mo. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant Mary Lester

(b) Address 4608 Evans Ave

17. (a) Burial (b) Date thereof Dec 26, 1942 (Burial, cremation, or removal) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director A. L. Beal and Co.

(b) Address 2726 Luagg Ave.

19. (a) DEC 26 1942 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

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

MOTHER FATHER

**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, \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed.....

*Clark Young*

Licensed Embalmer No. \_\_\_\_\_

*3371*

P. O. Address \_\_\_\_\_

*St Louis*

**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.**