

FILED APR 15 1943

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7553 Hoover 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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7553 Hoover
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gallagher, John J.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M. 5. Color or Race Wh.

6. (a) Single, widowed, married, divorced, Wid.

6. (b) Name of husband or wife Bridget Keane

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 6 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	3	9	_____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Carrier

11. Industry or business _____

12. Name Patrick J. Gallagher

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

14. Maiden name Rose McMahan

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

16. (a) Informant Mrs. Harry Flood (daughter)

(b) Address 7553 Hoover Ave., R. H.

17. (a) Burial (b) Date thereof March 11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Ave.

19. (a) MAR 11 1943 (b) M. J. Croghan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1943 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept 1, 1942 to March 9, 1943.
that I last saw him alive on March 8, 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis
Due to arterio-sclerosis

Due to _____

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

Major findings:
Of operations _____
Of autopsy 92d

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 M. J. Croghan (M. D. or other) M. D.
Address 402 Koster Bldg Date signed 3/10/43

Duration 1 yr

10 yr

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Miss. Ullian neffler - Suppler Bldg.

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..... *G. W. Wilkinson*
Licensed Embalmer No..... *3575*

P. O. Address.....

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.