

FILED APR 13 1944
 Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

3141

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
(Specify whether)
 In this community 70 years
years, months or days

3. (a) PRINT FULL NAME Florence Galloway

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

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced Widow
 7. Birth date of deceased Sept 4th 1967
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 27
If less than one day hr. min.

9. Birthplace Pine Bluff Ark
(City, town, or county) (State or foreign country)

10. Usual occupation nil

MOTHER FATHER

11. Industry or business _____
 12. Name Louise Morris
 13. Birthplace unk Ark
(City, town, or county) (State or foreign country)
 14. Maiden name unk
 15. Birthplace unk Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Mae Mills
 (b) Address 4220 W. Page Blvd
 17. (a) Burial (b) Date thereof 4-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St Peters

18. (a) Signature of funeral director J. H. Randle & Son
 (b) Address 3133 Bell Ave
 19. (a) APR 3 1944 (b) J. F. Bradack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4220 W. Page
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31,
 year 1944 hour 12 minute 25 P. M.
 21. I hereby certify that I attended the deceased from March 22,
 1944 to March 31, 1944;
 that I last saw her alive on March 31, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Bronchopneumonia Terminal
Nephrosclerosis Unk.

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Alma Moore (M. D. or other)
 Address 260 S. Whittier Date signed 4/7/44

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

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

S. J. Watson

Licensed Embalmer No.

2698

P. O. Address

2769 Chouteau

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.