DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19713

FILED JUN 23 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5518

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 437 Oakley Drive
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

96 2 3 N.R.

3. (a) PRINT FULL NAME Owen Potter Galbreath

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cleo Dean

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 11 (Month) 27 (Day) 1884 (Year)

8. AGE: Years 59 Months 6 Days 19 If less than one day hr. min.

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

10. Usual occupation Sales Manager

11. Industry or business Carey Salt Company

FATHER
12. Name James L. Galbreath
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Lydia Potter
15. Birthplace Philmore (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Cleo D. Galbreath
(b) Address 437 Oakley Drive, Clayton, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-19-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander Sono
(b) Address 6175 Delmar Boulevard

19. (a) JUN 19 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1944 hour 5:15 minute a. M.

21. I hereby certify that I attended the deceased from June 15, 1944, to June 16, 1944, that I last saw him alive on June 16, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage — Duration

Due to Esophageal varices

Due to Cirrhosis of liver

Other conditions Banti's syndrome
(Include pregnancy within 3 months of death)

Major findings:
Of operations Splenectomy in 1-'42

Of autopsy As above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. C. Abney (M. D. or other)

Address Barnes Hospital Date signed 6/16/44

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCulloh

Licensed Embalmer No. 2463

P. O. Address 6175 Delm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.