V. S. 1 No. 2
OM—8-43
Rev. 5-7-39
37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23003

Registration District No. 8 Primary Registration District No. 1003 Registrar's No. 6789

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 4 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 923

(a) State Missouri (b) County
(c) City or town 2352 Park Ave. (If outside city or town limits, write "RURAL")
(d) Street No. St. Louis (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMMETT D. GALLEGLY

3. (b) If veteran, name war No

3. (c) Social Security No. 412-01-9180

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Thelma

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Feb. 9th 1908 (Month) (Day) (Year)

8. AGE: Years 36 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Screw Machine Operator

11. Industry or business

FATHER
12. Name Henry Gallegly
13. Birthplace 2352 Park Ave. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Cates
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Gallegly
(b) Address 2352 Park Ave.

17. (a) Ship (Burial, cremation, or removal) (b) Date thereof 8/3/44 (Month) (Day) (Year)
(c) Place: burial or cremation Pocahontas, Ark.

18. (a) Signature of funeral director A.W. M cLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) AUG 3 1944 (Date received local registrar) (b) J. F. Bridrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd year 1944 hour 4 minute 16 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull, 2nd degree
Due to Dural hemorrhage, brain injury
Due to Fall on stairs #2 Malcolm Bliss Hospital Aug 2 1944 about 7:00 pm while a patient in said Hosp

Duration

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) accident 000
(b) Date of occurrence Aug 2 1944
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury elevator

23. Signature Thomas F. Callaghan (M. D. or other)
Address Deputy Coroner Date signed 8-4-44

XXX (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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.