

32414

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23004**

FILED AUG 14 1948

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **6724**

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether _____)
In this community **unk.**
years, months or days **unk.**

3. (a) PRINT FULL NAME **Roderick Gallie**
3. (b) If veteran, name war **unk**
3. (c) Social Security No. **702-12-4380**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **unk**

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

7. Birth date of deceased **December 8 1877**
(Month) (Day) (Year)

8. AGE: **66** Years **7** Months **20** Days
If less than one day _____ hr. _____ min.

9. Birthplace **Sedalia, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Terminal-R. R. Co**

12. Name **Rod Gallie**

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

14. Maiden name **Ella Sterling**

15. Birthplace **Denver, Colorado**
(City, town, or county) (State or foreign country)

16. (a) Informant **Public Administrator**

(b) Address **Civil Courts Bldg.**

17. (a) **Burial** (b) Date thereof **8 1 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sedalia, Missouri**

18. (a) Signature of funeral director **Peezy Bros.**

(b) Address **3029 Lafayette**

19. (a) **JUL 31 1948** (b) **F. P. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **La Salle Hotel - 508 Chestnut**
(If rural, give location) **25**
(e) Citizen of foreign country? **unk.** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28th**
year **1944** hour **7** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **July 26th**
1944 to **July 28th 1944**

that I last saw him alive on **July 28th 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration _____

Due to _____

Due to _____

Other conditions **Hypertension Cardi-Vascular**
(Include pregnancy within 3 months of death) **disuse**

Major findings:
Of operations **non**

Of autopsy **non**

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 **E. W. [Signature]** (M. D. or [Signature])
Address **1515 Lafayette** Date signed **7/28/44**

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Frank J. Deven*

Licensed Embalmer No. *2245*

P.O. Address *St. Louis, Mo.*

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.