No. 2
-2-43
-17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 18 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 39977

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 11147

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2129 Walnut Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2129 Walnut Street
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Nancy Young

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased Abt. 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 62 ..... hr. ..... min.

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

10. Usual occupation House work

11. Industry or business At home

FATHER
12. Name John Galoway
13. Birthplace ..... Kentucky
(City, town, or county) (State or foreign country)

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

16. (a) Informant Esther Doss
(b) Address 4603a N. Market St.

17. (a) Burial (b) Date thereof 12-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director [signature]
(b) Address 3517 Laclede Avenue

19. (a) DEC 20 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1945 hour 9 minute 8 M.

21. I hereby certify that I attended the deceased from 12/12 1945 to 12/14 1945
that I last saw her alive on 12/14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension Cardio	7
Vascular Disease	4 or 5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy no

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 [signature] (M. D. or other)
Address 3136 Chouteau Date signed 12/18/45

(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 Melvin Edward Green, Registered Apprentice No. 383 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1173

P. O. Address 3517 Saeledeau

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

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