S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

#55473

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1946 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11143

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 2646

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-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2300 J

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2003 S. Oregon 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Amanda Galloway

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph L. Galloway

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March (Month) 17 (Day) 1881 (Year)

8. AGE: Years 65 Months 0 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Peter Kalbfleisch
13. Birthplace Millstadt (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Keller
15. Birthplace Millstadt (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Joseph L. Galloway

(b) Address 2003 S. Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd

19. (a) MAR 20 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1946 hour 10:10 minute A M.

21. I hereby certify that I attended the deceased from 3/18/46, 19..., to 3/13/19/46, 19...; that I last saw her alive on 3/13/19/46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Hypertension	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature R. D. Gregory (M. D. or other)

Address 1515 Lafayette Date signed 3/19/46

(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.....John Ketter.....

Licensed Embalmer No.....3880.....

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.