

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED APR 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14719

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3450**

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:
2207th Arsenal St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 24000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2207th Arsenal St. 9
(If rural, give location) 10
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julius A. Galla
(b) If veteran, name war no.
(c) Social Security No. 493-01-3628

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13
year 1946 hour 6 minute 40 A. M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Ora M. Galla
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Feb. 11 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 6th 1945 to April 13th 46
that I last saw him alive on April 12th 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 2 Days 2
If less than one day _____ hr. _____ min.

Immediate cause of death
Epithelioma of the tongue
with diffuse metastasis 3 years
Duration
Due to _____
Due to _____

9. Birthplace Budapest Hungary
(City, town, or county) (State or foreign country)
10. Usual occupation Tobacconist

Other conditions (Include pregnancy within 3 months of death)
Epithelioma
Due to _____
Due to _____

MOTHER FATHER
11. Industry or business _____
12. Name Unknown Galla
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)
14. Maiden name Sophie Unknown
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

Major findings: Epithelioma of tongue
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Ora M. Galla
(b) Address 2207th Arsenal St.
17. (a) Removal (b) Date thereof 4-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff Mo.
18. (a) Signature of funeral director Witt Bros. & Co.
(b) Address 2929 S. Jefferson Av.
19. (a) APR 15 1946 (b) J. H. Brecken
(Date received local registrar) (Registrar's signature)

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?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature William Jefferson (M. D. or other) O. L.
Address 3601 S. Jefferson Date signed 1/13/46

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. M. Davis

Licensed Embalmer No. 374

P. O. Address 2929 So Jefferson Ave

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.