

FILED MAR 29 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS - Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3455 S. SPRING</u>				STREET ADDRESS (If rural, give location) <u>3455 S. SPRING</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EMMA</u>		b. (Middle) <u>-</u>		c. (Last) <u>GANLEY</u>	
4. DATE OF DEATH		(Month) <u>MAR.</u>		(Day) <u>15</u>		(Year) <u>1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR. 14 1901</u>	
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>			11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>JOHN KOSSINA</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE LUBER</u>		14. NAME OF HUSBAND OR WIFE <u>GREGORY W.C. GANLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GREGORY GANLEY 3455 S. SPRING</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomas metastatic</u> ANTECEDENT CAUSES <u>Adeno Carcinoma of rectum</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>1 yr.</u>	
19a. DATE OF OPERATION <u>7/5/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>abdomino-femoral resection</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1574X</u>			
22. I hereby certify that I attended the deceased from <u>6/1</u> , 19 <u>50</u> , to <u>3/13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/13</u> , 19 <u>51</u> , and that death occurred at <u>3 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. G. Mullikin D. Med.</u>				23b. ADDRESS <u>2608 S. Kingshighway</u>		23c. DATE SIGNED <u>3/16/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 19 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS</u>	
DATE REC'D BY LOCAL REG. <u>MAR 16 1951</u>		REGISTRAR'S SIGNATURE <u>S. B. Passa</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Rutis 2906 Marrio</u>			

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

DEC 14 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Leo J. Budd

Signed.....

Student Embalmer

Licensed Embalmer No. *3989*

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.