

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14084

State File No. 2460

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) 86 OR Lemay		d. STREET ADDRESS (If rural, give location) 4860 805 Ziess Avenue			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital				3. NAME OF DECEASED a. (First) MIRELL				b. (Middle) H.	
				c. (Last) GALLOWAY		4. DATE OF DEATH (Month) (Day) (Year) MAR. 14, 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)		8. DATE OF BIRTH Jan. 17, 1916			
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler		10b. KIND OF BUSINESS OR INDUSTRY Automobiles		11. BIRTHPLACE (State or foreign country) Wisconsin			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wilson Galloway		13b. MOTHER'S MAIDEN NAME Bessie Rush		14. NAME OF HUSBAND OR WIFE Rita			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1942 WW#2		16. SOCIAL SECURITY NO. WW#2		17. INFORMANT'S SIGNATURE OR NAME Rita Galloway ADDRESS 805 Ziess, Lemay Mo. 23					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acclers - respiratory INTERVAL BETWEEN ONSET AND DEATH 2 yrs. from history. ANTECEDENT CAUSES Morbid 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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		446 X			
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 2/28 , 19 57 to 3/14 , 19 51 , that I last saw the deceased alive on 3/14 , 19 51 , and that death occurred at 8:50 P.M. from the causes and on the date stated above.									
23a. SIGNATURE W. F. Green (Degree or title) _____				23b. ADDRESS 5207 Chipmunk		23c. DATE SIGNED 3/15/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 17, 1951		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Pauls Cem.		24d. LOCATION (City, town, or county) (State) 7030 Gravois ave. St. Louis, Mo			
DATE REC'D BY LOCAL REG. MAR 15 1951		REGISTRAR'S SIGNATURE J. B. Jaeger		25. FUNERAL DIRECTOR'S SIGNATURE U. Hoffmeister ADDRESS U. & L. Co. 781 1/2 S. Broadway, St. Louis, MO.					

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harry J. Schuman

Signed.....

Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7874 1/2 Broadway*

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.