

S. No. 300
ev. - 10248

FILED MAR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11361

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY OR TOWN Carsonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland	
c. LENGTH OF STAY (In this place) 3 MO		d. STREET ADDRESS (If rural, give location) 9223 Tudor	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
William H Galvin			Jan	8	1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 3 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 5	IF UNDER 1 HR. Hours 5	IF UNDER 15 MIN. Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Motorman	10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (State or foreign country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James B Galvin	13b. MOTHER'S MAIDEN NAME Hanorra Buckley	14. NAME OF HUSBAND OR WIFE Anna Leonard Galvin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Anna Galvin	ADDRESS 9223 Tudor
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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		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES DUE TO (b) Spastic paralysis		
	DUE TO (c) Cerebral hemorrhage		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 352X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Oct 23, 1951**, to **Jan 8, 1952**, that I last saw the deceased alive on **Jan 8, 1952**, and that death occurred at **2:20P m.**, from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann MD	(Degree or title)	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 1/10/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 11 1952	24c. NAME OF CEMETERY OR CREMATORY Catawissa Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 1-10-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Ortmann F Home	ADDRESS 9222 Lackland Overland Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

4000
4
Littmann

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

Al C Ostmann

Signed.....

Student Embalmer

Licensed Embalmer No. *3478*

P. O. Address.....

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.