

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25801

FILED JUL 22 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6258

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2169</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 5</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of Poor</u>		e. STREET ADDRESS (If rural, give location) <u>16 3400 S. Grand Blvd.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bridget</u>		b. (Middle)	
		c. (Last) <u>Gallagher</u>	
		4. DATE OF DEATH <u>June 29, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>December 9 1880</u>
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>6</u>	11. DAYS <u>?</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Gallagher</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Garathy</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Sister Henry</u>		ADDRESS <u>3400 S. Grand Blvd.</u>	
18. CAUSE OF DEATH Enter only one cause or line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Exhaustion</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		AN ANTECEDENT CAUSES <u>Ch. Osteo Arthritis</u>	
		DUE TO (b)	
		DUE TO (c)	
		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"/>			
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>723 OF</u>	
22. I hereby certify that I attended the deceased from <u>June 29, 1952</u> , to <u>June 29, 1952</u> , that I last saw the deceased alive on <u>June 29, 1952</u> , and that death occurred at <u>6:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>607 N. Grand St.</u>	
23c. DATE SIGNED <u>7/1/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/2/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REGD BY LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John H. Gebken Sons 2630 Gravois Ave.</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ben Hoffmann

Licensed Embalmer No. 4366

P. O. Address 4104 Manchester

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.