

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44312

FILED JAN 27 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2897

40004

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis, Mo</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Geyer Township</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Sanatorium</u>  |  | d. STREET ADDRESS (If rural, give location) <u>1024 Oak View</u>   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>HERMAN</u><br>b. (Middle) <u>GALLER</u><br>c. (Last) _____ |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 16 54</u> |  |  |
|---|--|--|--|--|--|

|                    |  |                               |  |  |  |                                      |  |   |  |                             |  |                             |  |
|--------------------|--|-------------------------------|--|--|--|--------------------------------------|--|---|--|-----------------------------|--|-----------------------------|--|
| 5. SEX <u>Male</u> |  | 6. COLOR OR RACE <u>White</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u> |  | 8. DATE OF BIRTH <u>Apr. 1, 1895</u> |  | 9. AGE (In years last birthday) <u>59</u> |  | IF UNDER 1 YEAR Months Days |  | IF UNDER 24 HRS. Hours Min. |  |
|--------------------|--|-------------------------------|--|--|--|--------------------------------------|--|---|--|-----------------------------|--|-----------------------------|--|

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|--|--|--|---|--|--|---|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Scrap metal</u> |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Meta 1</u> |  |  | 11. BIRTHPLACE (State or foreign country) <u>USSR</u> |  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USSR</u> |  |  |
|--|--|--|---|--|--|---|--|--|--|--|--|

|                                       |  |  |                                       |  |  |   |  |  |
|---------------------------------------|--|--|---------------------------------------|--|--|---|--|--|
| 13a. FATHER'S NAME <u>Wolf Galler</u> |  |  | 13b. MOTHER'S MAIDEN NAME <u>Anna</u> |  |  | 14. NAME OF HUSBAND OR WIFE <u>Anna</u> |  |  |
|---------------------------------------|--|--|---------------------------------------|--|--|---|--|--|

|  |  |                                     |  |  |  |  |  |
|--|--|-------------------------------------|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>None</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Galler 1024 Oak View</u> |  |  |  |
|--|--|-------------------------------------|--|--|--|--|--|

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|---|--|---|--|--|--|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><u>Coronary Thrombosis</u>  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 years</u> |  |
| *This does not mean the mode of dying, such as heart failure, ashenic, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerotic heart-disease</u> |  |  |  |  |  |   |  |
|   |  | DUE TO (c) _____  |  |  |  |  |  |   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                       |  |  |  |  |  |   |  |

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|------------------------------|--|--|--|--|--|--|--|---|--|
| 19a. DATE OF OPERATION _____ |  | 19b. MAJOR FINDINGS OF OPERATION _____ |  |  |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
|------------------------------|--|--|--|--|--|--|--|---|--|

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|--|--|--|--|---|--|
| 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) <u>4200</u> |  |
|--|--|--|--|---|--|

|   |  |  |  |                                  |  |
|---|--|--|--|----------------------------------|--|
| 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? _____ |  |
|---|--|--|--|----------------------------------|--|

22. I hereby certify that I attended the deceased from Dec. 15, 1954, to Dec 16, 1954, that I last saw the deceased alive on Dec 15, 1954, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

|  |  |                                    |  |                                  |  |
|--|--|------------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Tracy W. Taylor M.D.</u> |  | 23b. ADDRESS <u>462 No. Taylor</u> |  | 23c. DATE SIGNED <u>12/16/54</u> |  |
|--|--|------------------------------------|--|----------------------------------|--|

|   |  |                           |  |  |  |  |  |
|---|--|---------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u> |  | 24b. DATE <u>12/17/54</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Ghesd Shel Emeth</u> |  | 24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u> |  |
|---|--|---------------------------|--|--|--|--|--|

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>12/16/54</u> |  | REGISTRAR'S SIGNATURE <u>Hebert S. ...</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wenger Memorial 4715 McPherson</u> |  |
|--|--|--|--|--|--|

