

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2549
State File No. 1033

FILED FEB 14 1955

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1033

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 35 yrs.		e. STREET ADDRESS (If rural, give location) 2119 4246a West Belle Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital 0			

3. NAME OF DECEASED (Type or Print)	a. (First) LEE	b. (Middle) A	c. (Last) GALLOWAY	4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1955
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5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Feb. 14, 1888	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 11 Days 17	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Laborer	10b. KIND OF BUSINESS OR INDUSTRY WilesChipman Co.	11. BIRTHPLACE (City and State or Foreign Country) Grant County, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wesley Galloway	13b. MOTHER'S MAIDEN NAME Josephine Clegg	14. NAME OF HUSBAND OR WIFE Hester Galloway
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ollie Gridiron 4595 Maffitt Avenue
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH Acute
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	Pathology Fracture of femur Rt.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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., in 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 10 Jan. 1955 to 1 Feb. 1955, that I last saw the deceased alive on 1 Feb. 1955, and that death occurred at 2 AM m., from the causes and on the date stated above. 45

23a. SIGNATURE (Degree or title) <i>W. J. Evans M.D.</i>	23b. ADDRESS 4730a Page Blvd.	23c. DATE SIGNED 2 Feb. '55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/4/1955	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. FEB 3 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHARLES J. GATES 4107 Finney Ave.
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Arthur L. Keelieard*

Licensed Embalmer No. *422*

P. O. Address *4107 Finney*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.