

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10738

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2649

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST. LOUIS

c. LENGTH OF STAY (In this place) 62 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURI

b. COUNTY *****

c. CITY OR TOWN ST. LOUIS

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4415, Maffitt Avenue

e. STREET ADDRESS (If rural, give location) 4415, Maffitt Avenue

21170

3. NAME OF DECEASED (Type or Print)

a. (First) Fred

b. (Middle)

c. (Last) Galloway

4. DATE OF DEATH

(Month) (Day) (Year) 3 -- 12th 1956

5. SEX

Male

6. COLOR OR RACE

COL.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

II - 28 - 1893

9. AGE (In years last birthday)

62

IF UNDER 1 YEAR

Months 3

Days 12

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Checker

10b. KIND OF BUSINESS OR INDUSTRY Mo. Portland Cement

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME

Charlie

Galloway

13b. MOTHER'S MAIDEN NAME

Ellen

Herndon

14. NAME OF HUSBAND OR WIFE

Lorraine

Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. 492-09-0456

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Morraine Galloway 4415, Maffitt. Ave.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

(a) Hypertensive Heart Disease
C Hypertensive heart dis with hemiplegia

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.

INTERVAL BETWEEN ONSET AND DEATH

4 Mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

443x

20. AUTOPSY?

YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12/56 to 3/12/56, that I last saw the deceased alive on 3/12/56, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

V.C. Payne

M.D. W.C. Payne

23b. ADDRESS 3146 LaClede

23c. DATE SIGNED

3/12/56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

3/17/56

24c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

24d. LOCATION (City, town, or county)

St. Louis

(State)

Missouri

DATE REC'D BY LOCAL REG.

MAR 14 1956

REGISTRAR'S SIGNATURE

J. Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE

M. John Houston

ADDRESS

2616, No. Garrison. Ave.

(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.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.