

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008267
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 578

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Pine Lawn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bellfontaine St. Louis 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mother of Good Counsel Home		Length of stay in 1b 6 MON.	d. STREET ADDRESS 9221 Bellfontaine Rd

3. NAME OF DECEASED (Type or print) First Middle Last Ella A. Gallagher			4. DATE OF DEATH Month Day Year Feb. 24, 1958	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 17 - 1877	9. AGE (In years last birthday) 80	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during 12 months immediately preceding death if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Italy	12. CITIZEN OF WHAT COUNTRY? Italy
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13a. FATHER'S NAME M. Gallagher	13b. MOTHER'S MAIDEN NAME Hanna O'Connor	14. NAME OF HUSBAND OR WIFE none
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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. None	17. INFORMANT Address Mrs. V.T. O'Brien 9221 Bellfontaine Road
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) 331X		INTERVAL BETWEEN ONSET AND DEATH 3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous Stroke - Blind.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none
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20c. TIME OF INJURY Hour a.m. p.m. none	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bus, etc.) none	20e. CITY, TOWN, OR LOCATION none	COUNTY none	STATE none
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21. I attended the deceased from No. 46 to 2-24-58 and last saw her alive on 2-22-58 Death occurred at 8 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.E. Staehle MD	22b. ADDRESS 7124 Natural Bridge	22c. DATE SIGNED 2-25-58
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23a. BURIAL, CREMATION, (Remove and file) Removal	23b. DATE Feb. 26-58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR Sullivan	ADDRESS 1150 N. Kingshighway	25. DATE RECD. BY LOCAL REG. 2/25/58	26. REGISTRAR'S SIGNATURE Herbert B. Donke MD
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

300
-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no narrative. All diseases in Part I must be causally related.

89.

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. ~~4297~~ working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Anthony J. Miceli*

Licensed Embalmer No. *4297*

P. O. Address *St. Louis*

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.