

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041584

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11099

300
-57

1. PLACE OF DEATH a. COUNTY 3861A St. Louis Avenue St. Louis Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Missouri		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3861A St. Louis Avenue		d. STREET ADDRESS (If outside, give location) 2861a St. Louis Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Adelle Ellen Gallagher		4. DATE OF DEATH Month Day Year November 16 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 24 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		11. BIRTHPLACE (City and state or country) St. Louis Missouri	9. AGE (In years last birthday) 71 10. KIND OF BUSINESS OR INDUSTRY
13a. FATHER'S NAME Thomas White		14. NAME OF HUSBAND OR WIFE Andrew John Gallagher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Andrew John Gallagher	
13b. MOTHER'S MAIDEN NAME Ellen Powers		12. CITIZEN OF WHAT COUNTRY?	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive heart failure DUE TO (c) Myocardial changes Arteriosclerosis 1 yr PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis Mellitus 5 yr.			INTERVAL BETWEEN ONSET AND DEATH Sudden 2 weeks
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.) 420.1	
20c. TIME OF INJURY Hour a.m. P.M. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 15, 54 to Nov 16 '58 and last saw her/him alive on Nov 16 '58 Death occurred at 10:45a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Blanche Kane		22b. ADDRESS 1117 N Grand	
22c. DATE SIGNED Nov 17 '58		23c. NAME OF CEMETERY OR CREMATORY Calvary	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. LOCATION (City, town, or county) (State) St. Louis Missouri	
23b. DATE 11/19/1958		24. FUNERAL DIRECTOR ADDRESS Cullinane Brothers 3320 N. Kingshighway.	
25. DATE RECD. BY LOCAL REG. NOV 18 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Wm. Binkley*
Licensed Embalmer No. *2653*
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.