...pt. Health, ...c., & Welfare ...S. Public ...alth Service

...V. S. 300 ...ev. 1-57

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FILED VS NOV 1 9 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-041851

STATE FILE NUMBER 210133

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo. — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6739 Dale — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 6739 Dale — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Timothy Middle J. Last Gallagher		4. DATE OF DEATH Month Day Year Nov. 2, 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Jun. 24, 1868
9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. 25 yrs. Plasterer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ireland	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Michael Gallagher	13b. MOTHER'S MAIDEN NAME Honor Larkin	14. NAME OF HUSBAND OR WIFE Mary Gallagher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unk	17. INFORMANT Address Agnes Stretch 6739 Dale, St. Louis Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Severe shock from fall out of bed — INTERVAL BETWEEN ONSET AND DEATH 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause (b) DUE TO (b) Fall out of bed - Chest - L hip & L arm severely bruised. — 9020H 21

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, Malignant Hypertrophy of Prostate

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Probably cancer. Was blind attempted to get up & fell - body striking wall -

20c. TIME OF INJURY Early Hour a.m. p.m. Month, Day, Year 10-30-59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4 yrs bed room

20f. CITY, TOWN, OR LOCATION St Louis Mo COUNTY STATE

21. I attended the deceased from 5-23-58, to — and last saw her/him alive on 10/30/59

Death occurred at 12 noon m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm. G. Wood M.D. — 22b. ADDRESS 1019 McCausland — 22c. DATE SIGNED 11-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. NOV 4 1959	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MJB	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Securing the medical certification in the specific manner required by 193.140 MORS 1949.

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 David Van Fossan

Licensed Embalmer No. 4292

P. O. Address St Louis Mo.

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.