

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10190**

FILED NOV 8 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <i>St Louis Mo</i>		c. CITY OR TOWN <i>St Louis</i>	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>615 Walnut</i>		d. STREET ADDRESS (If outside, give location) <i>615 Walnut</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>Galagher</i> Last			4. DATE OF DEATH Month <i>10</i> Day <i>19</i> Year <i>61</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday) <i>82</i>	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>WIK</i>		11. BIRTHPLACE (City and state or country) <i>Lindiana</i>	12. CITIZEN OF WHAT COUNTRY <i>WIK</i>	

13a. FATHER'S NAME <i>WIK</i>		13b. MOTHER'S MAIDEN NAME <i>WIK</i>		14. NAME OF HUSBAND OR WIFE <i>WIK</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>WIK</i>		17. INFORMANT <i>Helen Taylor</i> Address <i>1300 Clark</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerosis</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Heart Disease</i>	
	DUE TO (c) <i>Generalized Arterio Sclerosis</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.0</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour <i>1</i> a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input 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
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21. I attended the deceased from *11/5* to *11/5* and last saw her/him alive on *11/5*
Death occurred at *11/5* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Helen L. Taylor</i> (Degree or title) <i>Coroner</i>	22b. ADDRESS <i>1300 Clark Ave.</i>	22c. DATE SIGNED <i>10-26-61</i>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Rowland-Aker Mortuary service</i>	23b. DATE <i>NOV 30 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i> (State)
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24. FUNERAL DIRECTOR ADDRESS <i>4104 Manchester Ave. St. Louis 10, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>NOV 2 1961</i>	26. REGISTRAR'S SIGNATURE <i>Road Smith, M.D.</i>
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DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION

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**. (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.