

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

23395

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis** (No. **City Hospital #1**)

File No. ....

Registered No. **6887**

Ward.....

**2. FULL NAME**

(a) Residence, No. **1913 Park St.** Ward **22**

(Usual place of abode)

(If nonresident, give city, or town and State)

Length of residence in city or town where death occurred **12** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elizabeth Gallagher**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 5, 1875**

7. AGE YEARS **55** MONTHS **11** DAYS **17** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer 1931**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Unemployed**

10. Date deceased last worked at this occupation (month and year) **Nov. 1930** 11. Total time (years) spent in this occupation **40**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

13. NAME **J. A. Gallagher**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

15. MAIDEN NAME **Lyla Moore**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

17. INFORMANT (ADDRESS) **Hospital Information City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mexico Mo** DATE **6.25.31**

19. UNDERTAKER (ADDRESS) **M. Pheeters 2nd Meriden Mo.**

20. FILED **JUN 23 1931** **Wm. E. Jordan** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 22, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **June 19, 1931, to June 22, 1931**

I last saw him alive on **June 22, 1931**. Death is said to have occurred on the date stated above, at **1:00 P.M.**

The principal cause of death and related causes of importance were as follows:

**Multiple 53E Sarcomatosis 53E**

Other contributory causes of importance: **Primary site undetermined**

Name of operation **Procty** Date of **ho**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) **Jerome Finson** M. D. (Address) **City Hospital**

WHITE PLAIN, WITH UNFADING INK---THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

