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

Do not use this space.

2640

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 201

Township ..... Primary Registration District No. 1003 Registered No. 1

City St Louis Mo. (No. Baptist Hosp. St. ..... Ward)

2. FULL NAME Albert J. Gallaway

(a) Residence. No. 2713 N. 12th St. St., 26 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Gallaway

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21 - 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67	9	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Refrigerator Machines
(b) General nature of industry, business, or establishment in which employed (or employer) Machinist
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. Gallaway
11. BIRTHPLACE OF FATHER (CITY OR TOWN) U. S.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) U. S.
(STATE OR COUNTRY)

14. INFORMANT Sarah Gallaway
(Address) 2713 N. 12th St.

15. FILED NOV - 6 1927 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4th 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 19th, 1926, to Jan. 4th, 1927 that I last saw him alive on Jan 4th, 1927, and that death occurred, on the date stated above, at 8 35 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hepatic Carcinoma

46 E

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 4 B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/3/27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Edwin J. Swehil, M. D.
1/6, 1927 (Address) 2806 Nv. 12th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: Jan 7 1927

20. UNDERTAKER: Hy Leidner Und Co
ADDRESS 1417 N. Market St.

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.