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

Do not use this space.

3503

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1142

Township ..... Primary Registration District No. 1093 Registered No. .....

City St Louis (No. 2901a Dayton St ..... St. ..... Ward)

2. FULL NAME Olive Gallup

(a) Residence. No. ..... St., 21 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF: Harry Gallup

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 27-1871

7. AGE: Years 55 | Months 9 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Iowa

PARENTS

10. NAME OF FATHER: Harry Gallup
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Iowa

14. INFORMANT: Mrs Hazel Dunn
(Address): 2901a Dayton St

15. FILED FEB - 1 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 31 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan - 5, 1927 to Jan 31, 1927 that I last saw h. by alive on Jan 31, 1927, and that death occurred, on the date stated above, at 840 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis 131 ..... (duration) ..... yrs. ..... mos. 26 ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis ..... (duration) ..... yrs. ..... mos. 26 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) Harry C Bohrer, M.D.
Feb 1, 1927 (Address) 315 University Club Bldg

*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: Calvary Cemetery — DATE OF BURIAL: 2/3 1927

20. UNDERTAKER: Arthur J Donnelly — ADDRESS: 2039 Wash 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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr Bohrer
University Club
10 – 11 am