

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

Do not use this space.

19476

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No. 728^a Hawk Ave) St. Ward

File No.
Registered No. 5150
St. Ward

2. FULL NAME

Charles M Galutia
(a) Residence. No. 728^a Hawk Ave St. 18 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 8

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

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

10. NAME OF FATHER Chas M Galutia

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Anna Bauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) Mo

14. INFORMANT Chas M Galutia
(Address) 728^a Hawk Ave

15. JUN - 3 1927
FILED 19 Mar 6 Starvoff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1927

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1927, to June 2, 1927, that I last saw him alive on June 2, 1927, and that death occurred, on the date stated above, at 10.46 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
106
110 Stomach & Spasm

CONTRIBUTORY (SECONDARY) Acute indigestion
Teething & Bronchitis (duration) yrs. mos. ds. 5 ds.

18. WHERE WAS DEATH CONTRIBUTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? YES. DATE OF

WHAT TEST CONFIRMED DIAGNOSIS. Clinical observation

(Signed) Orrick E Smith, M. D.
, 19 (Address) 3852 W. Pine

*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 Nicholls Crematory DATE OF BURIAL June 7 1927

20. UNDERTAKER Wm C Starvoff ADDRESS 4234

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

