

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

Do not use this space.

15406

15139

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **5600**)

**arsenal**

File No. ....

Registered No. **4340**

St. .... Ward)

**2. FULL NAME**

**Anna Gallagher**

(a) Residence. No. **3937 Tolson**

St. **18** Ward.

Length of residence in city or town where death occurred **35** yrs. mos. da.

(If nonresident give city or town and State)

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

**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** **Gallagher**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **NOT KNOWN**

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
<b>about 62</b>	<b>—</b>	<b>—</b>	<b>—</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **None**

(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) **Ireland**

**10. NAME OF FATHER** **James Needham**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** **Ireland**

**12. MAIDEN NAME OF MOTHER** **Julia Murray**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** **Ireland**

**14. INFORMANT** **Julia Mahon**

(Address) **3937 Tolson**

**15. FILED** **APR 25 1928** **May C Stanloff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Apr - 20 19 28**

**17. I HEREBY CERTIFY** That I attended deceased from **April - 18 28**, 19 **28**, to **April 20 28**, 19 **28** that I last saw her alive on **April 20 28**, 19 **28**, and that death occurred, on the date stated above, at **8:10 p.m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**Myocarditis, Chronic Nephritis, Chronic Interstitial**

**93L8** (duration) **?** yrs. **—** mos. **—** da.  
**153** **Cupules of Toes** (duration) **0** yrs. **0** mos. **7** da.

**18. WHERE WAS DISEASE CONTRACTED** **3937 Tolson**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS **Clinical**

(Signed) **Joseph Garrison**, M. D.

**APR 20 19 28** **ASSOCIATION HOSPITAL**

\*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** **barony**

DATE OF BURIAL **4-23 19 28**

**20. UNDERTAKER** **Arthur J. Donnelly**

ADDRESS **2037 West 9**

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.

