

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

Do not use this space.

11004

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1018  
City St. Louis Mo. (No. Sanitarium St. \_\_\_\_\_ Ward)

File No. ....  
Registered No. 3083  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

James M. Gallagher  
(a) Residence, No. 1417 Market St., 13 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
68 4 9

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Unknown  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. '  
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. Unknown Ireland

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT W.F. Williams M.D. (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE April 1 1932

19. UNDERTAKER E. J. Schurz (ADDRESS) 312 1/2 Lafayette Ave.

20. FILED 19 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 21st, 1932, to March 27th, 1932  
I last saw him alive on March 21st, 1932 Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Chronic myocarditis 9-21-31 +  
93C  
102  
162  
Other contributory causes of importance: 93C (1)  
Serulity  
Hypertension } 9-21-31 +

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 1932  
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) William F. Williams M.D.  
(Address) 5400 Arsenal St.

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.

