

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

Do not use this space.

14854

File No. _____
Registered No. **4253**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 5386 Pershing)

2. FULL NAME

(a) Residence, No. _____ St. 12 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widow</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Abraham J. Gallant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u>		
7. AGE	YEARS <u>abt. 74</u>	MONTHS _____
	DAYS _____	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	93
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>951</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7-2-32</u>	11. Total time (years) spent in this occupation <u>7-2-32</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kovno Russia</u>		
MOTHER	13. NAME <u>Jonah Kaplans</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
	15. MOTHER'S NAME <u>Etta Brill</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Perseria</u>		
17. INFORMANT <u>M. Gallant</u> (ADDRESS) <u>902 N. Kings Highway</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beth Ham Hag</u> DATE <u>5/2/32</u>		
19. UNDERTAKER (ADDRESS) <u>H. B. Berger</u> <u>4715 W. of Parkway</u>		
20. FILED DAY - <u>1</u> 15, 19 <u>32</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1928, to April 30, 1932

I last saw her alive on Jan., 1932. Death is said to have occurred on the date stated above, at 10 P. m.

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

Hemorrhage from ruptured blood vessel of scalp (site of old operative removal of wen). Date of onset 4/30/32

Other contributory causes of importance:
Atherosclerotic heart disease 5 yrs
Hypertension Chronic
Myocarditis

Name of operation Removal Wen Scalp Date of 2 years ago

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (X) Date of injury _____, 19____
Where did injury occur? (X) (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? No
If so, specify _____

(Signed) Arthur E. Smith, M. D.
(Address) New Club Bldg.

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.

Registrar

