

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

Do not use this space.

41803

1. PLACE OF DEATH

County..... Registration District No. 707
Township..... Primary Registration District No. 200
City St. Louis (No. 1936 N. Broadway)
St. _____ Ward _____

File No. _____
Registered No. 10891

2. FULL NAME

Edward J. Gallagher
(a) Residence, No. 1936 N. Broadway St. 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 65 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Gallagher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-21-1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 2 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer 16 1/2
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

FATHER
13. NAME Patrick Gallagher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER
15. MAIDEN NAME Rose W. Mahon

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

17. INFORMANT (ADDRESS) John Gallagher 1710 N. Grand av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec. 9 1932

19. UNDERTAKER (ADDRESS) Gallagher & Sons 1710 N. Grand av.

20. FILED DEC - 8 1932 W. C. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1932 to Dec 5 1932
I last saw him alive on Dec 5 1932. Death is said to have occurred on the date stated above, at 8:45 p. m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis
Intestinal
History of about 5 mo.
no physician till Nov 3rd
Other contributory causes of importance:
2SA No 23

Name of operation _____ Date of _____
What test confirmed diagnosis? Microscopic Was there an autopsy? No

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

(Signed) J. O. Becker, M. D.
(Address) 2505 No 15th

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.

Mr. Peeler

2505 N. Fifth St.

9-10, 22 ana