

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

Do not use this space.

34523

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 11153
City St. Louis (No. Josephine Hospital)

File No.....
Registered No. 8678
St. Ward)

2. FULL NAME Charles Gale

(a) Residence, No. 2521 St. Vincents St., 23 Ward.

(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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF late Marie Louise Gale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 31 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
23 9 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13

10. Date deceased last worked at this occupation (month and year) 12 11. Total time (years) spent in this occupation. 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Gale

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

MOTHER 15. MAIDEN NAME Frances Bay

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

17. INFORMANT Mrs. Mason Gale (ADDRESS) 2709 Osceola

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla Cem DATE 10-6 19

19. UNDERTAKER Kriegsbaum Mortuary (ADDRESS) 4228 So. Lytle's highway

20. FILED OCT -5 1933 J. Brebeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1933 to Oct 4 1933

I last saw him alive on Oct 3 1933 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Nephritis Chronic
Hypertrophy of Prostate Gland

Other contributory causes of importance: 131

23. Name of operation Suprapubic Prostatectomy Date of Oct 4-33
What test confirmed diagnosis? Cystoscopy 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. F. B. D. Reed M. D.
(Address) 1446 Grand

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.

NOV 10 1933

1446 Solheim

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