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

791
1003

Do not use this space.

27489

File No. .....
Registered No. 7734

**1. PLACE OF DEATH**

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St Louis (No. ....., Sanitorium St. ..... Ward)

**2. FULL NAME** Maurice Gallery

(a) Residence, No. 2721 So Jefferson St., 28 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 59 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | white | separated |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Gallery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1875

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 59 | 3 | 14 | |

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) May 1926

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) England

17. INFORMANT Hubert P Smith (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 30 1934

19. UNDERTAKER Wackey-Heberle (ADDRESS) 2331 Broadway

20. FILED ..... 19..... J. H. Bredeck Registrar

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12 1934 to July 27 1934

I last saw he alive on July 26 1934 Death is said to have occurred on the date stated above, at 2 30 p.m.

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

| | Date of onset |
|---|---|
| Bronchial pneumonia | 7/20/34 |
| 63 109 P | |

Other contributory causes of importance:

| | |
|---|---|
| General Paralysis of Insane | 1926 |

Name of operation None Date of .....
What test confirmed diagnosis? Clin & Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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 None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Hubert P Smith, M. D.
(Address) 5400 Arsenal St

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 16 1934

100M-11-24-33