

JUN 13 1935

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

Do not use this space.

17620

1. PLACE OF DEATH

County St. Louis Registration District No. 784  
Township St. Ferdinand Primary Registration District No. 6030  
City Jennings (No. 2520 Mc Laren ave)

File No. ....  
Registered No. 67 St. .... Ward)

2. FULL NAME

(a) Residence, No. Clayton Hotel, Clayton, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) May 24, 1860

7. AGE YEARS 74 MONTHS 11 DAYS 21 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed  
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) Boston Mass

MOTHER FATHER 13. NAME Tom Galster, Sr.

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

MOTHER 15. MAIDEN NAME Mary Spring

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

17. INFORMANT St. Louis County Hosp. records

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Clayton, Mo

PLACE St. Peters DATE May 15, 1935

19. UNDERTAKER (ADDRESS) L. B. Tassler, 6707 Natural Bridge rd.

20. FILED 5/15 1935 W. A. Zettler Registrar.

Geo. B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15/35 19

22. I HEREBY CERTIFY, That I attended deceased from 4/24/35, 19, to 5/15/35, 19.

I last saw him alive on 5/10/35, 19. Death is said

to have occurred on the date stated above, at 5:15 A.M.

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

Myocardial Infarction? Date of onset

Other contributory causes of importance: 93  
Hypertension  
Chronic Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis: cl 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 .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify Yes

(Signed) J. J. Cagg M. D.

(Address) St. Louis Co. Hosp.

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.

