JUL 14 1936

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

Do not use this space.

791
1003

24628
6249

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. City Hospital No. 1

City St. Louis (No. ..... St. ..... Ward)

B. 3130 Theresa Galba

2. FULL NAME

(a) Residence, No. 3407 Cherokee St., 16 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: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jos Galba

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19 1885

7. AGE: Years 50 | Months 8 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Hungary

FATHER

13. NAME: John Galfink

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

MOTHER

15. MAIDEN NAME: Katherine Frank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

17. INFORMANT (ADDRESS): Hosp. Info, MHKent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter & Paul DATE June 20, 1936

19. UNDERTAKER (ADDRESS): Wacker Helderle 2331 S. Broadway

20. FILED JUN 19 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/17/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/1/36, 19..., to 6/17/36, 19...

I last saw her alive on 6/15/36, 19... Death is said to have occurred on the date stated above, at 1:30 p.m.

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

	Date of onset
Acute Infectious Arthritis	
Non Gonococci Cause Unknown	
Non Rheumatic	
Lobar Pneumonia	

Other contributory causes of importance: 107

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....

(Signed) [illegible], M. D.

(Address) City Hospital No1.

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.

10M-3-28-35