

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.

AUG 18 1936  
AUG 18 1936

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

Do not use this space.

791  
1003

28022

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. Alexian Bros. Hospital) St. .... Ward)

File No. ....  
Registered No. 6750

2. FULL NAME Gaty Pallen

(a) Residence, No. 6144 Louisiana. St. 1 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) Minna Pallen  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1869  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
66 7 15  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. newspaper work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and election Board  
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.

MOTHER / FATHER 13. NAME Gaty Pallen

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs L Schaefer (ADDRESS) 6144 Louisiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 7-6-36

19. UNDERTAKER Southern Burial Co. (ADDRESS) 322 1/2 Grand

20. FILED JUL 3 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2-36, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3<sup>rd</sup> 1936, to July 2 1936  
I last saw him alive on 7-2-36 1936 Death is said to have occurred on the date stated above, at 8:08 p.m.  
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia Date of onset 6-30-36  
Bronchial

Other contributory causes of importance: Poly Neuritis

Name of operation none Date of .....  
What test confirmed diagnosis? Lab. Exam 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? no  
If so, specify Louis F. Murray, M. D.  
(Signed) Louis F. Murray  
(Address) 1831-8-9th St.

Monday

1-3-1831

Sydney

I have just received your letter of the 28th inst. and am glad to hear that you are well. I am well at present and hope these few lines will find you the same. I have not much news to write at present. The weather here is very cold and disagreeable at present. I have not seen any of the friends I have written to for some time. I have not much news to write at present. I have not seen any of the friends I have written to for some time. I have not much news to write at present. I have not seen any of the friends I have written to for some time.

Yours truly  
 Wm. L. G.