

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 - 5 1937

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

Do not use this space.

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
 Township \_\_\_\_\_ Primary Registration District No. 1003  
 City St. Louis (No. DEACONESS HOSPITAL) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 26121  
 Registered No. 2295

**2. FULL NAME** ANDREW B. GALLAGHER

(a) Residence, No. 58 S Dmmitt St. NP Ward. WEBSTER GROVES  
 (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 MALE 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 ELLEN B. GALLAGHER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 30 - 1872

|        |           |          |          |  |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, .....hrs. or .....min. |
|        | <u>65</u> | <u>6</u> | <u>-</u> |  |

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

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

10. Date deceased last worked at this occupation (month and year) 4-9-17

11. Total time (years) spent in this occupation 15 1/2

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

13. NAME Thomas M. GALLAGHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, Louisiana

15. MAIDEN NAME ELIZABETH FINE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co., Missouri

17. INFORMANT (ADDRESS) Ellen B. Gallagher

18. BURIAL, CREMATION, OR REMOVAL PLACE BELLEFONTAINE DATE 8-1-37

19. UNDERTAKER (ADDRESS) Parker and Co WEBSTER GROVES MO.

20. FILED JUL 31 1937 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1937

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on..... 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:05 P.M.

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

Terminal Pneumonia  
Fracture of the right hip  
shattered when he slipped off the steps and fell to the concrete floor in the basement of his home on July 16, 1937 time unknown

Other contributory causes of importance: \_\_\_\_\_

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

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7/16/37, 1937

Where did injury occur? Webster Groves MO. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury See Above

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

If so, specify..... (Signed) Alfred Perry M.D. (Address) Deputy Coroner

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