

REC'D MAY 10 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

13113

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis (d) Street No. St. Johns Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Mollie Gallaher 460  
 (a) Residence, No. 5044 Terry Ave. St. 6 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Henry Gallaher  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29th, 1880  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
57 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Illinois

FATHER 13. NAME William Pohlman

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

MOTHER 15. MAIDEN NAME Mary Kery

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

17. INFORMANT (ADDRESS) Henry Gallaher  
5044 Terry Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE April 22nd, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehermann Haral  
1905 Union Blvd.

20. FILED APR 21 1938 J. F. Bricker Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938 to April 19, 1938  
 I last saw him alive on April 19th, 1938 Death is said to have occurred on the date stated above, at 6:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Acute Pancreatitis

Other contributory causes of importance:

Chronic Cholecystitis, Stones

Name of operation Acute Pancreatitis Date of 4-19-38  
 What test confirmed diagnosis? 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 (Signed) E. H. Bowdery, M. D.  
 (Address) Mo. Theatre Bldg.

2-4  
Miss.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Warren A. Cawer

Licensed Embalmer No. 3534

P. O. Address St Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**