

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 1003

472

Do not use this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. _____
 (b) Township _____ Primary Registration District No. _____ Registered No. 472
 (c) City ST. LOUIS (d) Street No. 4564 NEWBERRY TERRACE 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

JOHN L. GALVAN
 (a) Residence, No. 4564 NEWBERRY TERRACE 12
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY A. GALVAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 2, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SHOE WORKER
 9. Industry or business in which work was done, as saw mill, bank, etc. BOYD-WALSH CO.
 10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.13. NAME JOHN GALVAN14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND15. MAIDEN NAME MARY GIFFERTS16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND17. INFORMANT (ADDRESS) MARY GALVAN
4568 NEWBERRY18. BURIAL, CREMATION, OR REMOVAL PLACE FRIEDENS DATE 1-16-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) COLLEN-KELLY
1416 N. TAYLOR AVE20. FILED JAN 15 1939
J. D. [Signature]
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1938, to Jan. 13-39, 1939.
 I last saw him alive on Jan. 13, 1938. Death is said to have occurred on the date stated above, at 12 P.M.
 The principal cause of death and related causes of importance were as follows:

Anoxemia
cardiac decompensation
 Date of onset _____

Other contributory causes of importance:
myocarditis, Chronic
atherosclerosis

Name of operation none Date of _____What test confirmed diagnosis? clinical Was there an autopsy? no23. 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) Henry E. Rosenberg M. D.(Address) 4503 Page Blvd.

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 Mark Timmon

Registered Apprentice No. 174, working under my personal supervision.

Signed Clement M. Neary

Licensed Embalmer No. 3732

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.