

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

20476
Do not use this space.

JUL 12 1939

**791
1003**

Registered No. **5320**

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 1243 Amherst Pl. 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 Harry Galosy

(a) Residence, No. 1243 Amherst St. 5 (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 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 Margaret Galosy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
50 4 8

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

12. BIRTHPLACE (CITY OR TOWN) Budapest (STATE OR COUNTRY) Hungary

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) Budapest (STATE OR COUNTRY) Hungary

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Budapest (STATE OR COUNTRY) Hungary

17. INFORMANT Herman Friedman (ADDRESS) 1243 Amherst Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE B'NAI Amoona Cem. June 16, 1939

19. FUNERAL DIRECTOR (NAME) Herman Friedhoff (ADDRESS) 5216 Delmar Blvd.

20. FILE JUN 14 1939 J. B. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1936, to 6/14, 1939

I last saw h. in alive on 6/14, 1939. Death is said to have occurred on the date stated above, at 9 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 1 day

Other contributory causes of importance: retard. sclerotic heart 3 yrs
Diabetes

Name of operation Date of
 What test confirmed diagnosis? clinical 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) Arthur E. Strain, M. D.
 (Address) 539 N. Grand

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.

50M-9-1-1938 I X 18605

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..... *Charles Cooper*

Licensed Embalmer No..... *3830*

P. O. Address..... *5216 Delmar*

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.