

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37958**

1939 DEC 13 1939 791

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **9797**

1. PLACE OF DEATH: **1008** **2**
 (a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **none 912 Canaan Av**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 year**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **1**
 (c) City or town **St. Louis** **8**
(If outside city or town limits, write "RURAL")
 (d) Street No. **912 Canaan Av**
(Specify street location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Arthur Galloway** **H. F. T.**
 3. (b) If veteran, name war _____ 3. (c) Social Security **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Stella Galloway** 6. (c) Age of husband or wife if alive **60** years
 7. Birth date of deceased **May 22 1877**
(Month) (Day) (Year)

8. AGE: Years **62** Months **5** Days **24** If less than one day hr. _____ min. _____

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stationary Fireman**

11. Industry or business **St. Vincent Orphen Home**

12. Name **Levi Galloway** **9**

13. Birthplace **Un Known** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Un Known**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Arthur Galloway**
 (b) Address **912 Canaan Av.**

17. (a) **Burial** (b) Date thereof **Nov. 18 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
Bethlehem Cem.

(c) Place: burial or cremation **Diedrich Funeral Home**

18. (a) Signature of funeral director **8319**
 (b) Address **Halls Ferry Rd.**

19. (a) **NOV 17 1939** (b) **J. F. [Signature]**
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **15**
 year **1939** hour **2** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Feb 2 1939**
 _____, 19____, to **Nov 15**, 19____
 that I last saw him alive on **Nov 14**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Gastrointestinal track. Plus general metastasis of 1 year part of the track not known. I believe it was in sigmoid**
 Due to _____
 Due to _____

Duration **10 months**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **none**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. F. Hamilton M.D.** (M. D. or other) _____
 Address **8363 Halls Ferry** Date signed **Nov 16-39**

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..... *Arthur R. Dieckrich*
Licensed Embalmer No..... *3556*
P. O. Address..... *St. Louis*

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.