

JAN 12 1940

11029

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis **2**
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2813 Stoddard St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community abt 13 yrs
 years, months or days)

3. (a) PRINT FULL NAME Joshua Galloway **400**8. (b) If veteran, name war None 8. (c) Social Security No. None4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced Widower6. (b) Name of husband or wife unk 6. (c) Age of husband or wife If alive _____ years7. Birth date of deceased Aug 19 1864
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 5 4 hr. min.9. Birthplace Valley Park Mo
(City, town, or county) (State or foreign country)10. Usual occupation Nil **0**

11. Industry or business _____

12. Name Horace Galloway **1**13. Birthplace Ind.
(City, town, or county) (State or foreign country)14. Maiden name Smith15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address 2813 Stoddard St17. (a) Burial (b) Date thereof 12-28-38
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Father Dickson Chrs18. (a) Signature of funeral director Ellis Funeral Home(b) Address 2820 Stoddard St **1411**19. (a) DEC 26 1939 (b) J. B. Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis **21**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2813 Stoddard St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd
year 1939 hour 3 minute 30 P.M.21. I hereby certify that I attended the deceased from July 10
1939 to Dec 23rd 1939
that I last saw him alive on Dec 23rd 1939
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis
Duration 2 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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. B. Harris (M. D. or other) **1**Address 2835 E. Easton Date signed 12/25/39

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, L. Boykin, Registered Apprentice No. Myself, working under my personal supervision.

Signed

L. Boykin

Licensed Embalmer No. 2946

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.