

FILED APR 23 1940

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

Do not use this space.

12286

## 1. PLACE OF DEATH

County *St. Gen.*Registration District No. *780*Township *St. Gen.*Primary Registration District No. *4466*City *St. Genevieve*(No. *1*)

St.

Ward

## 2. FULL NAME

*Caroline Clotilda Galk*(a) Residence, No. *1000 E*

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## 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

*Jessie Galk*

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

*June 15<sup>th</sup> 1868*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. .... min.

*81**9**13*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *March 1940*11. Total time (years) spent in this occupation *Life*

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

*St. Genevieve Missouri*

13. NAME

*Joseph J. Debat*

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

*Germany*

15. MAIDEN NAME

*Theresa Debat*

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

*Germany*

17. INFORMANT (ADDRESS)

*Edward Galk St. Genevieve Missouri*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Genevieve* DATE *March 31<sup>st</sup> 1940*

19. UNDERTAKER (ADDRESS)

*Wagon J. Shaylor St. Genevieve Missouri*20. FILED *Mar 30 1940**F. W. Douglas Registrar.*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 28<sup>th</sup> 1940*22. I HEREBY CERTIFY, That I attended deceased from *Mar - 28*, 1940, to *Mar - 28*, 1940I last saw h. a. s. alive on *Mar - 28*, 1940 Death is said to have occurred on the date stated above, at *11:53* a.m.

The principal cause of death and related causes of importance were as follows:

*Coronary Thrombosis -*Date of onset *2/29/40*

Other contributory causes of importance:

*arterio-sclerosis*

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) *Robert J. Lammig*, M. D.(Address) *St. Genevieve Mo.*

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.

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OCT 8 1949