

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

23194

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5639

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dominick Galati 430

3. (b) If veteran, name war ---- 3. (c) Social Security No. ----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 26, 1922
(Month) (Day) (Year)

8. AGE: Years 17 Months 11 Days 7 If less than one day hr. _____ min _____

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name James Galati

13. Birthplace Cinisi Italy
(City, town, or county) (State or foreign country)

14. Maiden name MARIA GIACAPPELLI

15. Birthplace Cinisi Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Galati

(b) Address 4715 St. Louis Ave

17. (a) Burial (b) Date thereof July 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicol - Son

(b) Address 1150 No. Kingshighway

19. (a) JUL 2 1940 (b) J. B. Buech
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4715 St. Louis
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
 year 1940 hour 8:20 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Haemorrhage due to depressed fracture of the Skull; suffered about 6:00 P.M. June 28th, 1940, when bicycle ridden by deceased struck Lafayette Seday driven by one Arthur Hory on Marcus and Highland Avenue.

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) Accident

(b) Date of occurrence June 28th, 1940

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place
(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature Alfred J. Hery (M. D. or other) _____

Address _____ Date signed 7/2/40

WHITE PAPER - 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.

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

Arnold W. Schoene

Licensed Embalmer No.

3864

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.