

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) Country \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Grady Hospital**  
(If not in hospital or institution, write street number or location) **3**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME **Martin Galony 450**

8. (b) If veteran, name war **nil** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **July 12, 1873**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>0</b>	<b>18</b>	hr. _____ min. _____

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

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name **George Galony**

13. Birthplace **Slovakia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Eva Krajcovic**

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

16. (a) Informant **Martin Krajcovic**  
(b) Address **1006 Geyer Ave.**

17. (a) **Burial** (b) Date thereof **Aug. 5-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **M. C. Mayhall**  
(b) Address **1926 Allen Ave.**

19. (a) **AUG 3 1940** (b) **J. F. Friedrich**  
(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. **906 Geyer Ave. 23**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

NO ATTENDING PHYSICIAN

20. DATE OF DEATH: Month **July** day **1st**  
year **1940** hour **5th 30** minute **0** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocardial Infarction** Duration \_\_\_\_\_

Due to **Chronic Myocardial Infarction**

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings of operations **Chronic Myocardial Infarction**

Ornautopsy **1246**

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 **Joseph M. Jackson** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*[Handwritten signature]*

*not embalmed*

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**