

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36394

State File No.

Registration District No. 780

Primary Registration District No. 111

Registrar's No. 1916

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Eliza Gallagher

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased August 15 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 22 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Patrick Gallagher

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

14. Maiden name Mary Corney

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

16. (a) Informant Catherine T. Murphy

(b) Address 5042 Queens Avenue

17. (a) Burial (b) Date thereof October 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thomas A. Stuart

(b) Address 1225 Union Blvd.

19. (a) OCT - 9 - 1940 (b) [Signature]
(Date received local) (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. 5952 Hamilton Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1940 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 5
1940 to Oct 7 1940
that I last saw him alive on Oct 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Lungs Duration 1 day

Due to Acute Myocarditis 2 day

Due to Intertracheal fracture of R Femur 32 day

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) Fracture of R Femur

(b) Date of occurrence Sept 5 - 1940

(c) Where did injury occur? 5952 Hamilton Terrace
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home (Specify type of place)

While at work? no (e) Means of injury Fall

23. Signature J. W. Madmoff (M. D. or other) MD

*Address 539 N. Grand Date signed 10-8-40

53977.9200

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.