

No. 2
-1-4-41
-12-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18277

Registration District No. 470

Primary Registration District No. 3633

Registrar's No. 77

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mt. Vernon, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 423 days
 In this community 423 days
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis County
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4517 Wichita Ave
 (If rural, give location)
 (e) Citizen of foreign country? / (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Gallagher
 (b) If veteran, name war Np
 (c) Social Security No. Special None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 19th
 year 1941 hour 12:15 minute P M.
 21. I hereby certify that I attended the deceased from March 23
1940 to May 19th 1941;
 that I last saw her alive on May 19th 1941;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: June 5th 1918
 (Month) (Day) (Year)

Immediate cause of death _____
Pneumonia
 Due to Tuberculosis
 Duration About 18 months

8. AGE: Years Months Days If less than one day
22 11 11 hr. min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Maid

Other conditions (Include pregnancy within 3 months of death) 12/10

11. Industry or business _____
 12. Name Thomas Alonysious Gallagher
 13. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mosena Unknown
 15. Birthplace Burlington Iowa
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant E. McMichael, Record Clerk
 (b) Address Missouri State Sanatorium
 17. (a) Removal (b) Date thereof 5-20-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis
 18. (a) Signature of funeral director E. B. Orr
 (b) Address 749 Vernon mo
 19. (a) 5-20-1941 (b) P. A. Holmes
 (Date received local registrar) (Registrar's signature)

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 Chester J. Preece (M. D. or other) D
 Address Mt Vernon Date signed 5/19

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

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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..... *George B. Orr*

Licensed Embalmer No..... *946*

P. O. Address..... *9th Vermont St*

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, fact should be so stated above.