

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26857

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No.

Registrar's No. 6649

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: St. L. C. Shenandoah
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

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. 2816 Shenandoah Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Frank Gallagher

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 Married

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 3, 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13, year 1941 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 10 _____, 1941, to Aug. 13, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 1 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Terre Haute, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

Immediate cause of death Coronary Embolus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Ch. Myocarditis

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Charles F. Gallagher

13. Birthplace Don't know _____

14. Maiden name Margaret Waldeck _____

15. Birthplace Don't know _____

16. (a) Informant Josephine Gallagher

(b) Address 2816 Shenandoah Avenue

17. (a) Burial (b) Date thereof 8/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director John H. Etkenshaw

(b) Address 2630 Gravois Av.

19. (a) AUG 14 1941 (b) J. Waldeck
(Date received final report) (Registrar's signature)

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? _____

(Specify type of place) _____

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

23. Signature R. B. ... (M. D. or other) _____

Address 2253 Nebraska Date signed 8/14/41

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

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..... *Robert A. Getken*

Licensed Embalmer No. 4144

P. O. Address..... 2630 Gravois Avenue

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.