

No. 2  
1-4-41  
17-39  
X26390

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **10452**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 days**  
(Specify whether \_\_\_\_\_)  
In this community **Since Birth**  
(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. **1421 Farrar Street (Rear)**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29**  
year **1941** hour **12** minute **Noon** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **EDWARD GALLAGHER**  
(b) If veteran, name war **None**  
(c) Social Security No. **None**

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

(b) Name of husband or wife **Single**  
(c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **March 8, 1874**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **9** Days **21**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Painter**

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

12. Name **Edward J. Gallagher**

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

14. Maiden name **Mary Daley**

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

16. (a) Informant **Mrs. Katherine Hoyer**

(b) Address **1421 Farrar Street (Rear)**

17. (a) **Burial** (b) Date thereof **12/31/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 East Fair Avenue**

19. (a) **DEC 30 1941** (b) **J. F. Buschek**  
(Date received by registrar) (Registrar's signature)

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
*Second degree Burns of the face and forearms suffered when trying to light a gasoline stove in the home at 1421 Rear Farrar Street about 3:00 PM  
12/17/41  
Damage to Building None  
Other conditions **Contested \$5.00***

Major findings:  
Of operations **181**  
Of autopsy **15**  
*Perjury*

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 **12/17/41**  
(c) Where did injury occur? **at home** (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) **Home**  
(a) Means of injury **2**

23. Signature **Thomas F. Callanan** (M. D. or other)  
Address **Deputy Coroner** Date signed **12/31/41**

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

MOTHER FATHER

**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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, fact should be so stated above.**