

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1493

96  
500

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis ~~St. Louis~~ RICH. HERA.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 week (Specify whether  
In this community Birth (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 3026 North Taylor Ave  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Patricia Ann Galloway

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased June 1, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 1 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation None

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

MOTHER FATHER { 12. Name Robert F. Galloway

13. Birthplace Pleasant Hill Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cummins

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

16. (a) Informant Robert F. Galloway

(b) Address 3026 North Taylor Ave

17. (a) Burial (b) Date thereof 7/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Matthews Cemetery

18. (a) Signature of funeral director. Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) JUL 13 1942 (b) C. H. Mc  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th.  
year 1942 hour 1:55 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 3rd  
1942 to July 11, 1942  
that I last saw him alive on 7-11-42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition  
prematurely  
diarrhea

Duration 9 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 119a  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy prematurely  
dehydration

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) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature C. H. Mc (M. D. or other) \_\_\_\_\_  
Address 637 N. Grand Date signed 7-13-42

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 *Francis A. Williamson*

Licensed Embalmer No. *3565*

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.**