

FILED JAN 21 1943
Registration District No. **200**

Primary Registration District No. **200**

Registrar's No. **93**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Wellston**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6553 Joseph Ave.
(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 **Mo.** (b) County **St. Louis**

(c) City or town **Wellston**
(If outside city or town limits, write "RURAL")

(d) Street No. **6553 Joseph Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Alexander Arthur Gallagher**

3. (b) If veteran, name war **No**

3. (c) Social Security **489-05-6104**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **18**
year **1943** hour **6.30** minute **P.M.** M.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mary E. Gallagher**

6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **Oct. 24, 1886.**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 23 1943** to **Jan. 18 1943**
that I last saw him alive on **Jan. 18 1943**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	56	2	24	_____ hr. _____ min.

Immediate cause of death: **Coronary Thrombosis** **1 day**

Due to **Cardio vascular disease** **34 yrs.**

Due to **Diabetes** **8 yrs.**

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Clerk**

PHYSICIAN _____

11. Industry or business **Western Union Telegraph**

12. Name **John Gallagher**

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

14. Maiden name **Rose Ann Connelly**

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

16. (a) Informant **Mrs. Mary E. Gallagher**

(b) Address **6553 Joseph Ave.**

17. (a) **Burial** (b) Date thereof **Jan. 22/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave.**

19. (a) **JAN 20 1943** (b) **C. W. McDevon md.**
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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)

23. Signature **Thurston Greener** D. or other _____
Address **4500 Olive** Date signed **1/22/43**

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

347
McDevon

JAN 21 1943

Dr. Theo. Greiner,
4500 Olive St.,
Po. 3800
1-2 P.M.

Room 304

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.....

Walter G. Burnley

Licensed Embalmer No. *4312*

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.

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