

FILED JUN 14 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5135**

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

1. PLACE OF DEATH:

(a) County **CITY OF ST. LOUIS**

(b) City or town **CITY OF ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Jewish Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **24 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **HELEN GALLAUER**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **F**

5. Color or race **W**

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

6. (b) Name of husband or wife **John Gallauer**

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

7. Birth date of deceased **May 5 1882**
(Month) (Day) (Year)

8. AGE: Years **61** Months **0** Days **10**
If less than one day hr. min.

9. Birthplace **Martijaneo Jugo-Slavia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Own Home**

MOTHER FATHER

12. Name **Steve Zrinski**

13. Birthplace **Martijaneo Jugo-Slavia**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Martijaneo Jugo-Slavia**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Gallauer**

(b) Address **Granite City, Illinois**

17. (a) **Removal** (b) Date thereof **June 3 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Granite City Ill.**

18. (a) Signature of funeral director **John J. Sedwick**

(b) Address **Madison Ill.**

19. (a) **JUN 3 1948** (b) **J. J. Sedwick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1003 499**

(a) State **Illinois** (b) County **Madison**

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

(d) Street No. **1423 Grand**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2**
year **1948** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **June**, 19**48**, to **June**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Carbolic acid**
Bronchopneumonia
Perinephric abscess

Duration **2 yrs**
2 days
2 wks

Due to **1/24**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **As above**

Of autopsy **As above**

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? _____

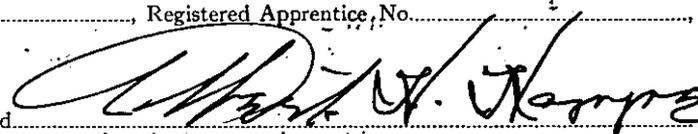
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **M. Norman Orzel** (M. D. or other) **MD**
Address **4952 Maryland** **W. Missouri** signed **6-3-48**

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.....



Licensed Embalmer No.....

1861

P. O. Address.....

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.