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29291

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 28 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1936

1. PLACE OF DEATH:

(a) County St Louis Mo  
(b) City or town Rich. Mpls  
(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..... (Specify whether)

In this community..... years, months or days

3. (a) PRINT FULL NAME CHARLES WENDEL GALLIHER

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 Single

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

7. Birth date of deceased Aug. 22 - 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 hr. 30 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Francis M. Gallieo

13. Birthplace Nentzville Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Rae M. Bates

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

16. (a) Informant Anna Bates

(b) Address Amnswick Mo

17. (a) (b) Date thereof 8-24-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Burgess Cemetery

18. (a) Signature of funeral director Heriberto Pineda  
(b) Address Amnswick Mo

19. (a) AUG 24 1943 (Date received local registrar) (b) S. McLaughlin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis  
(c) City or town Amnswick  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22 year 1943 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Heart Failure  
Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 2000  
Of autopsy.....

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.....  
Signature Heriberto Pineda (M. D. or other) MD  
Address St Louis Mo Date signed 8-23-43

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

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**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 *Elmer A. Whitby*.....

Licensed Embalmer No. *3571*.....

P. O. Address *Kimmanick, N.J.*.....

**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.**