

FILED MAR 27 1944

Registration District No. 378

Primary Registration District No. 1005

Registrar's No. 2477

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
Specify whether

In this community 9 mos.
years, months or days

3. (a) PRINT FULL NAME PERRY GALLOWAY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color of Face Black

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 July 18 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>7</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Repreburg Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Elmer Galloway

13. Birthplace Calhoun Co. Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Valentine

15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elizabeth Galloway

(b) Address 3002 Lawton Blvd

17. (a) Removal (b) Date thereof March 14 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christus del

18. (a) Signature of funeral director J. F. Orndorff

(b) Address Christus del

19. (a) MAR 14 1944 (b) J. F. Orndorff
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. St. Louis (b) County _____

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3002 Lawton Blvd
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1944 hour 9 minute 23 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 Broncho Pneumonia
Primary

Due to _____

Due to _____

Other conditions 10/10
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 _____

23. Signature Thomas F. Callahan (Dr. D. or other)

Address Deputy Coroner Date signed 3/14-44

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address P. St. Louis Ill

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, above space should be left blank.