

FILED OCT 20 1944

State File No. _____

Registration District No. 312

Primary Registration District No. 1003

Registrar's No. 8628

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: City Hosp
(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 Joseph Calevato Gallo

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: About 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>ab. 60</u>			hr. _____ min.

9. Birthplace: Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Rev. J. J. Johnson

(b) Address 1207 N. 6th. St.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10/10/44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of Garrison & Sheeran Und Co

(b) Address 4415 Washington Blvd.

19. (a) OCT 10 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: no 0

(a) State Mo (b) County 17

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

(d) Street No. 1427 Hogan St
(If rural, give location)

(e) Citizen of foreign country? yes 10 (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th.
year 1944 hour 4 minute 00 P.M.

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

Immediate cause of death: Acute Parenchymatous Nephritis from uremic hepatitis

Due to _____

Due to _____

Other conditions: 12/1
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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? yes (Specify type of place)

(b) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____

Address Deputy Coroner Date signed 10-10-44

JUL 2 1957

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
No Embalming Registered Apprentice No. _____
working under my personal supervision.

Signed

Albert G. Hoff

Licensed Embalmer No. *2971*

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.