

FILED DEC 27 1944

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3724 S. Spring Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1
years, months or days)

3. (a) PRINT FULL NAME Gussie Kallaher

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec. 4 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 0 10 hr. min.

9. Birthplace Freeburg Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER {
12. Name John Baumgartner
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Kallaher
(b) Address 3724 S. Spring Ave.

17. (a) Burial (b) Date thereof Dec. 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Walter Kallaher
(b) Address 3634 Gravois Ave.

19. (a) DEC 16 1944 J. F. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3724 S. Spring Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1944 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10/23/44
to 12/14, 1944;

that I last saw her alive on 12/14, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia Duration 3 days

Due to Carcinoma Primary Breast 7 yrs

Due to Vertebrae general metastasis 7 yrs

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

Major findings: Breast amputation 1938 (left 1941 (right))
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 J. F. Buddeck (M. D. or other) _____
Address 3739 Gravois Date signed 12/15/44



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 Robert Wheeler
Licensed Embalmer No. 2178
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.