

FILED JAN 31 1945

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **652**

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 infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether
In this community Life
years, months or days)

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. 5800 Arsenal St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cornelius Galvin

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 January 4th; 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>0</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Cornelius Galvin

13. Birthplace County Kerry Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Gorman

15. Birthplace County Claire Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Windsheimer

(b) Address 5800 Arsenal St.

17. (a) burial (b) Date thereof 1-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (c) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) JAN 23 1945 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month January day 20th;
year 1945 hour 4:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 25, 1943 to January 20th; 1945,
and that death occurred on the date and hour stated above.
that I last saw him alive on January 20th; 1945.

Immediate cause of death Arteriosclerotic heart disease Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. W. Maxwell (M. D. or other) _____

Address 5800 Arsenal Date signed 1-22-45

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4818

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.