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DOM-5-43  
rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18722

FILED JUL 14 1945

State File No.

5611-

Registration District No. 318

Priority Registration District No. 1009

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution 5067 Northland

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 006

(c) City or town St. Louis

(d) Street No. 5067 Northland

(e) Citizen of foreign country? N

3. (a) PRINT FULL NAME Martin J. Gallagher

3. (b) If veteran ✓ name war \_\_\_\_\_

3. (c) Social Security 577-03-0093

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married Married

6. (b) Name of husband or wife Lillis 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November 25 1882

20. DATE OF DEATH: Month June day 26 year 1945 hour 10:45 minute \_\_\_\_\_ 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.

8. AGE: Years 62 Months 7 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Sclerosis

Due to Arteriosclerosis

Other conditions: \_\_\_\_\_

9. Birthplace St. Louis, Mo.

10. Usual occupation Proprietary, Assn. of America

MOTHER FATHER

11. Registrar of business \_\_\_\_\_

12. Name John J. Gallagher

13. Birthplace St. Louis, Mo.

14. Maiden name Williamson

15. Birthplace St. Louis, Mo.

Major findings: 9/11

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant John Gallagher

(b) Address 5067 Northland

17. (a) Rural (b) Date thereof 6-29-45

(c) Place: burial or cremation Always in Calvary

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Alfred J. Perry

(b) Address 1225 Union Blvd.

19. (a) JUN 28 1945 (b) J. Bredenk

23. Signature Alfred J. Perry Date signed 6-28-45

Address 1307 1/2 Clark

(Licensed Embalmer's Statement on Reverse Side)

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

10  
7  
9

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 *Albert G. Haffke*.....

Licensed Embalmer No. *3971*.....

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.**