

FILED FEB 2 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 305

Primary Registration District No. 6047-4452

Registrar's No.

1. PLACE OF DEATH

(a) County Wentzville, Mo.

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County Wentzville, Mo.

(c) City or town Wentzville
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes: name country _____

3. (a) PRINT FULL NAME Pheibe GALLOWAY

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

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased June 8 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from DECEMBER 1st, 1946 to JAN. 18, 1946
that I last saw her alive on JAN 18, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 7 Days 10 If less than one day hr min.

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

10. Usual occupation Home duties

11. Industry or business _____

MOTHER FATHER { 12. Name Don't know 9

13. Birthplace " " 9
(City, town, or county) (State or foreign country)

14. Maiden name " " 9

15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Galloway
(b) Address Wentzville Mo

17. (a) Burial (b) Date thereof Jan 27 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Mo

18. (a) Signature of funeral director W. E. Bergesen
(b) Address Wentzville Mo

19. (a) Jan 27 1946 (b) Mrs. J. Lewis
(Date received local registrar) (Registrar's signature)

Immediate cause of death Myocardial degeneration with a chronic myocarditis. 6 mo.

Due to _____

Due to _____

Other conditions (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) (c) Means of injury

23. Signature W. E. Bergesen (M. D. or other) D.O.
Address Wentzville Mo Date signed 1-19-46

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

14879

270

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-1-46

FEB 18 1946

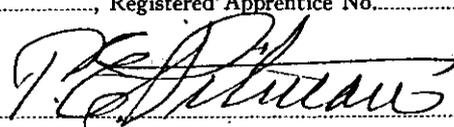
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.