

FILED MAR 18 1946  
 318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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: 3316 Clara Ave.  
 (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

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. 3316 Clara Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary M. Gallagher

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 1878 years

7. Birth date of deceased March 3rd, 1878  
 (Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Nashville, Iowa  
 (City, town or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Michael Gallagher

13. Birthplace Ireland (State or foreign country)

14. Maiden name Kenne Connors (State or foreign country)

15. Birthplace Ireland (State or foreign country)

16. (a) Informant Marie O'Brien  
 (b) Address 3569 Palm St.

17. (a) Burial (b) Date thereof 3/8/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.  
 (b) Address 2849 North Euclid Ave.

19. (a) MAR 7 1946 (b) J. F. Brudick  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 6th, 1946 Month 3 day 15 hour 3.15 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 15, 1946 to Mar 6, 1946  
 that I last saw her alive on Mar 3, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris  
arteriosclerotic heart disease

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (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? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature H. F. Beraman M. D. or other \_\_\_\_\_  
 Address 3724 Washington Date signed 3/7/46

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

10054

Dr. Bergmann

Clara & St. Louis Ave.

8:30 to 9:30 AM Thurs

Deerwood Bldg 3720 Washington

today 2:30 - 3:30 PM Je 6204

---

---

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.

Signature

*Robert L. Benkman*

Licensed Embalmer No. 2553

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.**