

No. 2
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5-17-39
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U.S. No. 2
BUREAU OF THE CENSUS
FILED FEB 19 1947
#87452

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2508
State File No. _____
Registrar's No. **934**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital*Max C. Starkloff
(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

3. (a) PRINT FULL NAME **Edward Gallagher**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **499-05-5850**

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 **June 26 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 0 hr. min.

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

10. Usual occupation **Teamster**
11. Industry or business **Retail Furniture**

MOTHER FATHER
12. Name **Patrick Gallagher**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Bridget Murphy**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edna Brinkmeier**
(b) Address **1506 S. Seventh St.**

17. (a) **Burial** (b) Date thereof **1-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**
(b) Address **3320 N. Kingshighway Bl.**

19. (a) **JAN 28 1947** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **2317**
(If outside city or town limits, write "RURAL")
(d) Street No. **1506 S. Seventh St. Memorial**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **26th**
year **1947** hour **6:25** minute **A** M.
21. I hereby certify that I attended the deceased from **1/25/47**
_____ 19 _____ to **1/26/47** 19 _____
that I last saw him alive on **1/26/47** 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Myocardial heart disease
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)
Means of injury _____
23. Signature **W. M. Fitzgerald** **1515 Lafayette** **1/27/47**
Address _____ Date signed _____

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



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 Fred Frick

Licensed Embalmer No. 3186

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.