S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 25729

FILED AUG 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7429

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 5/8/47 to 8/5/47 (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 917 Exchange St. E. St. L. Ills
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME AGNES ANN KING

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 Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 20 (Day) 1872 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 10 | 15 | hr. min. |

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name James Gallagher
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann McGrath
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) AUG 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1947 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 8, 1947, to Aug 5, 1947 that I last saw her alive on Aug 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of the rectum with metastasis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)
Senile psychosis

Major findings:
Of operations
~~Sta~~

Of autopsy

Duration
Exactly 2 yrs
duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature U. F. Thomas (or other)

Address 5600 Arsenal Date signed 8-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.