. 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. 39673

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10863

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 904 North 7th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pearl Gallagher
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife James W. Gallagher
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased June (Month) 22 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
57	5	3	hr. min.

9. Birthplace Centralia (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housework
11. Industry or business At home
MOTHER FATHER
12. Name Jesse D. Williams
13. Birthplace Centralia (City, town, or county) Illinois (State or foreign country)
14. Maiden name Elizabeth Ashton
15. Birthplace Patoka (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. William Moore
(b) Address East St. Louis, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill
18. (a) Signature of funeral director John Kasdy
(b) Address East St. Louis, Ill
19. (a) NOV 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th year 1947 hour 5: minute 55 P.M.
21. I hereby certify that I attended the deceased from November 25, 1947 to November 25, 1947 that I last saw her alive on November 25, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus Acute,	
Due to Myocardial Chronic	
Due to	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
23. Signature G. J. Sencek (M. D. or M. E.)
Address 4930 Lindell Blvd. Date signed 11/26/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Joseph A. Kassly

Licensed Embalmer No. 7541 Ill

P. O. Address E St. Louis, Ill

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.