

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

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

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

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 2 days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis *17*

(c) City or town St. Louis *9*  
(If outside city or town limits, write "RURAL")

(d) Street No. 3865a Ashland Avenue *0*  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** ~~DECEASED~~ MARIE A. GALVIN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White *(D)* 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 March 11, 1948  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri *(1)*  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Raymond J. Galvin, Jr.

13. Birthplace St. Louis, Missouri *(1)*  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Mittermeier

15. Birthplace Pennsylvania *(1)*  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Raymond J. Galvin, Jr.

(b) Address 3865a Ashland Avenue

17. (a) Burial (b) Date thereof 3-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director H. A. Stock

(b) Address 2117 E. Grand Blvd.

19. (a) MAR 15 1948 *(D)* L. J. Bruesch  
(Date received from registrars) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 13th  
year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 3-11 1948 to 3-13 1948  
that I last saw her alive on 3-13 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ *Duration*

Multiple hemorrhages into liver & peritoneum

Due to Acute Jaundice

Due to Difficult Delivery

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ **PHYSICIAN**

Of operations \_\_\_\_\_

If autopsy Hemorrhages into liver & peritoneum  
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) *(D)*

(e) Means of injury \_\_\_\_\_

23. Signature Paul C. McLean (M. D. or other) *MD*

Address 4356 Warner Date signed 3/13/48

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**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.

*Not Embalmed.*

Signed *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E Grand*

**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.**