S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 114100

Registrar's No. 4278

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: Josephine Heitkamp Hospital
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3659 McRee Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LOUIS C. GALLI

3. (b) If veteran, name war None

3. (c) Social Security No. 487-26-3631

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 Oct. (Month) 30 (Day) 1907 (Year)

8. AGE: Years 40 Months 6 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Tavern Proprietor

11. Industry or business Retired 1 Year

FATHER
12. Name Louis C. Galli
13. Birthplace (City, town, or county) Italy (State or foreign country) 5

MOTHER
14. Maiden name Ida Merlo
15. Birthplace (City, town, or county) Italy (State or foreign country) 5

16. (a) Informant James P. Galli
(b) Address 1805 So. Kingshighway Bl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter&Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und.Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAY 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 5-1 1948 to 5-6 1948 that I last saw him alive on 5-5 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Broncho pneumonia | 2 days |
| Due to: Uremia | 4 days |
| Due to: | |
| Other conditions: Chronic nephritis (Include pregnancy within 3 months of death) | 2 years |

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 Gustave Dahm (M. D. or other)
Address 1452 So Grand Date signed

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Richard W. Stoveand

Licensed Embalmer No. 4007

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.**