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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34774

Registrar's No. 8608

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: Jewish Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20 minutes (Specify whether years, months or days)
In this community: 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County:
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 1942 Semple
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: NETTIE TOWERMAN
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: SAM
6. (c) Age of husband or wife if alive: Unk years
7. Birth date of deceased: — (Month) — (Day) — (Year)
8. AGE: Years: Abt ~65 Months: — Days: — If less than one day: hr. min.
9. Birthplace: Russia (City, town, or county) (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
FATHER
12. Name: Max Louis Galligan
13. Birthplace: Russia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Katie Unk
15. Birthplace: Russia (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Sam Towerman
(b) Address: 1942 Semple
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/3/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth
18. (a) Signature of funeral director: Berger Memorial
(b) Address: 4715 McPherson Avenue
19. (a) OCT 3 1948 (Date received local registrar) (b) J. Bruecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 3 year: 7 hour: 30 minute: AM M.
21. I hereby certify that I attended the deceased from June 21, 1948, to Oct 3, 1948, that I last saw her alive on 9/24/, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ruptured Abdominal Aneurysm	6 mos ?
Due to	
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: Harry Gross (M. D. or other) MD
Address: 634 N Grand Date signed: 10/3/48

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 Lewis F. Ludwig

Licensed Embalmer No. 4229

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.