

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41457  
State File No. \_\_\_\_\_  
Registrar's No. 10807

FILED DEC 23 1948  
Registration District No. 318

Primary Registration District No. 1003

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:  
2131 CALIFORNIA AV.  
(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 003  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2131 CALIFORNIA AV.  
(If rural, give location)  
(e) Citizen of 233 country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES S. GALLAGHER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W.  
6. (a) ~~Single~~ Widowed, married, divorced M.  
6. (b) Name of husband or wife LYDIA GALLAGHER  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased SEPT 18 1885  
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation SHOE WORKER

11. Industry or business INTERNATIONAL SHOE CO.

12. Name PATRICK GALLAGHER

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name MARY O'BRIEN

15. Birthplace NEW ORLEANS  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lydia Gallagher

(b) Address 2121 California Ave

17. (a) BURIAL (b) Date thereof DEC 15 - 48  
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation COTTLEVILLE MO.

18. (a) Signature of funeral director E. J. Schmur  
(b) Address 3125 LA FAYETTE AV.

19. (a) DEC 14 1948 (b) J B Lassater  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 12  
year 1948 hour \_\_\_\_\_ minute 30 pm.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cystic Fibrosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
(e) Means of injury 3  
23. Signature Deputy Coroner (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 12-14-48

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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.

Signed.....

*Joseph B. Hollman*

Licensed Embalmer No. *4014*

P. O. Address *312 S. Lafayette*

**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.**