

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7495

Registrar's No. 7495

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7495			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (In this place) 11 days		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		17 7			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				d. STREET (If rural, give location) W.R. 925 Hickory St. 3					
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) PATRICK c. (Last) GALLAGHER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 14 1949						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 27, 1895			
9. AGE (In years last birthday) 53		10. UNDER 1 YEAR Months Days		11. UNDER 1 HR. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Engineer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S. A.			
13a. FATHER'S NAME John J. Gallagher			13b. MOTHER'S MAIDEN NAME Rose Noonan			14. NAME OF HUSBAND OR WIFE Mamie D. Gallagher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If you give year or dates of service) WW # 1 702-18-2697		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mamie D. Gallagher 925 Hickory St Poplar Bluff, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism of the liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolism of the liver DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anteroselective heart disease				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 124 (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 5810					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Aug 14, 1949, and that death occurred at 10:55 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Burnett Cole M.D. Missouri Pacific Hospital				23b. ADDRESS		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 17, 1949		24c. NAME OF CEMETERY OR CREMATORY National Cemetery J. B.		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.			
DATE REC'D BY LOCAL REG. AUG 15 1949		REGISTRAR'S SIGNATURE J. B. Passler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son, Inc. 2161 E. Fair Ave					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—60 17 9

SEP 27 1949

name

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. J. Burnley

Licensed Embalmer No. 4202

P. O. Address St. Louis, Mo.

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.