

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6215**
1688
Registrar's No.

BIRTH NO. _____ **REG. DIST. NO.** 318 **PRIMARY REG. DIST. NO.** 1003

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St Louis</u> c. LENGTH OF STAY (in this place) <u>14 yrs</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> d. STREET ADDRESS (If rural, give location) <u>3527 Humphrey</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>M</u> c. (Last) <u>Galloup</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 19, 1950</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Aug 8, 1867</u> |
| 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 18 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>salesman</u> | 11. BIRTHPLACE (State or foreign country) <u>Lodi, N.Y.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Le Counte Galloup</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Clegood</u> | 14. NAME OF HUSBAND OR WIFE <u>Gertrude Galloup</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Galloup</u> ADDRESS <u>3527 Humphrey</u> |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>severe injuries of fall down stair fracturing humerus</u> DUE TO (c) <u>Fall in bath tub fracturing skull 9 mos previous</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dr. J. H. ...</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>000</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <input checked="" type="checkbox"/> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (STATE) <u>St Louis MO</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-1-50-7Pm.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Walked into the open cellar door & fell</u> |
| 22. I hereby certify that I attended the deceased from <u>6-10-48</u> , 19 <u>48</u> , to <u>Oct 17, 1950</u> , that I last saw the deceased alive on <u>Feb 18, 1950</u> , and that death occurred at <u>1:15 Am.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Walter L. Buckley MD</u> | | 23b. ADDRESS <u>9915 Gravois St. St. Louis</u> | 23c. DATE SIGNED <u>2/20/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 24b. DATE <u>2/22/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St Hope Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u> |
| DATE REC'D BY LOCAL REG. <u>FEB 21 1950</u> | REGISTRAR'S SIGNATURE <u>J. B. Foster</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Ziegenhein & Sons</u> ADDRESS <u>7027 Gravois</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

406

2169
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. G. Peterson* _____

Licensed Embalmer No. *3767* _____

P. O. Address *7027 Gravia* _____

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.