

FILED APR 5 1950 STANDARD CERTIFICATE OF DEATH

State File No. **10453**
2912
Registrar's No.

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY 9120 8	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 2332 East 25th	

3. NAME OF DECEASED (Type or Print)	a. (First) Addie	b. (Middle) Alice	c. (Last) Galas	4. DATE OF DEATH (Month) (Day) (Year) March 26 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH - 29 - 1916	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HAND-WORK	10b. KIND OF BUSINESS OR INDUSTRY PURSE FACTORY	11. BIRTHPLACE (State or foreign country) PEARL - ILL	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME ADAM - DRAKE	13b. MOTHER'S MAIDEN NAME CYNTHA - MAIN	14. NAME OF HUSBAND OR WIFE JOHN - GALAS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME John Galas	ADDRESS 2332 East 25th
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Flutter		3 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RHYTHM DUE TO (c) Rheumatic Heart Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3. Mitral Stenosis	11 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (STATE) 410X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 25, 1950**, to **March 26, 1950**, that I last saw the deceased alive on **March 26, 1950**, and that death occurred at **2:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Frank B. Norbury, M.D. (Degree or title)	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 26/1950	24c. NAME OF CEMETERY OR CREMATORY St. Louis - Calvary	24d. LOCATION (City, town, or county) (State) St. Louis - Missouri
DATE REC'D BY LOCAL REG. MAR 28 1950	REGISTRAR'S SIGNATURE J. B. Sasser	25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercier	ADDRESS St. Louis - Mo

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Charles E. Meeker*

Signed.....
Student Embalmer

Licensed Embalmer No. *2988*

P. O. Address *Franklin City*

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.