

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6964

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>4464</u>		Registrar's No. <u>315</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		c. LENGTH OF STAY (In this place) <u>23</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		423X 12					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2517 Spencer</u>				d. STREET ADDRESS (If rural, give location) <u>2517 Spencer</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Gagliano</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 3, 1887</u>				9. AGE (In years, Months, Days) <u>63</u>	10. IF UNDER 1 YEAR Months <u>6</u>	11. IF UNDER 1 YEAR Days <u>29</u>	12. IF UNDER 1 YEAR Hours <u></u>	13. IF UNDER 1 YEAR Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>			11. BIRTHPLACE (State or foreign country) <u>Sedalia Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Paget</u>			13b. MOTHER'S MAIDEN NAME <u>England</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph Gagliano</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Gagliano</u>				ADDRESS <u>2517 Spencer</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>						years <u></u>			
		DUE TO (c) <u></u>									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>									
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>							
22. I hereby certify that I attended the deceased from <u>Jan 27, 1951</u> , to <u>Feb 2, 1951</u> , that I last saw the deceased alive on <u>Feb 2, 1951</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Roy A. Walcher M.D.</u>				23b. ADDRESS <u>2438 Woodson Rd Overland 14 Mo</u>		23c. DATE SIGNED <u>2-3-51</u>					
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis</u>					
DATE REC'D BY LOCAL REG. <u>2/4/51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donker M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann Funeral Home</u>		ADDRESS <u>9222 Lackland</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Al C Ostmann

Signed.....

Student Embalmer

Licensed Embalmer No. 3478

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.