

FILED MAY 12 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 14925  
Registrar's No. 4225

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4225</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2159</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3982 WALSH</b>				d. STREET ADDRESS (If rural, give location) <b>3982 WALSH 0</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ADAM</b>		b. (Middle) <b>-</b>		c. (Last) <b>GALLE</b>	
4. DATE OF DEATH		(Month) <b>MAY</b>		(Day) <b>3</b>		(Year) <b>1951</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>DEC. 8 1869</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED BREWERY WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>ADAM GALLE</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>GARRIE GALLE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>CARRIE GALLE</b>			
		(If yes, give war or dates of service) _____		ADDRESS <b>3982 WALSH</b>			
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) <b>Hypertensive Heart Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4/29/50 +</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HH3X</b>			
22. I hereby certify that I attended the deceased from <b>4/29/50</b> , to <b>5/3</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>5/2</b> , 19 <b>51</b> , and that death occurred at <b>7:04</b> a. m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Bernard T. Kow</b>				23b. ADDRESS <b>St. Louis 16, Mo.</b>		23c. DATE SIGNED <b>5/4/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 5 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D BY LOCAL REG. <b>MAY 4 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lucette</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>			
				ADDRESS <b>2906 Harrison</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

