

FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5912**
564

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Mo		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 1 da		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital				d. STREET ADDRESS (If rural, give location) 5524 So Grand			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) Jacob		b. (Middle) Theodore	c. (Last) Gall		Month Day Year 1-28-53		male <input checked="" type="radio"/>
6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3/3/1887		9. AGE (In years last birthday) Months Days Hours Min. 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dining car steward		10b. KIND OF BUSINESS OR INDUSTRY Wabash Railway		11. BIRTHPLACE (State or foreign country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Theodore Gall		13b. MOTHER'S MAIDEN NAME Theresa Witte		14. NAME OF HUSBAND OR WIFE Mary M Gall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 702-09-9964		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary M. Gall, 5524 So Grand St Louis 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) Massive retroperitoneal hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aneurysm of abdominal aorta DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. old coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 16 hours year 45 1/4	
19a. DATE OF OPERATION -		19b. MAJOR FINDINGS OF OPERATION 1				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) (STATE) -		21f. HOW DID INJURY OCCUR? -	
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"/>		22. I hereby certify that I attended the deceased from 27 Jan, 1953 , to 28 Jan, 1953 , that I last saw the deceased alive on 27 Jan, 1953 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Jean B. Willoughby MD		23b. ADDRESS 1032 Prof Bldg Mo		23c. DATE SIGNED 28 Jan 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/28/53		24c. NAME OF CEMETERY OR CREMATORY St Louis, Mo.		24d. LOCATION (City, town, or county) (State) St Louis, Mo.	
DATE REC'D BY LOCAL REG. 1-28-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P Sheil, Kansas City, Mo.			

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John P. Steel

Licensed Embalmer No.

3625

P. O. Address

K. C. Dow

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.