

STANDARD CERTIFICATE OF DEATH

State File No. 1516

No. 300
10.48

FILED FEB 26 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1516	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 28 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.				d. STREET ADDRESS (If rural, give location) 2824 Franklin Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Alphonso		c. (Last) Galloway, Jr.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5 1953	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3		8. DATE OF BIRTH Apr. 2, 1922		9. AGE (in years last birthday) 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alphonso Galloway			13b. MOTHER'S MAIDEN NAME Leatha Meeks			14. NAME OF HUSBAND OR WIFE nil	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-18-8900		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alphonso Galloway 2824 Franklin			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Gunshot wound R. medial thigh; Bilateral Lobar pneumonia, suffered while shot with shot gun the hands of one Jacques Christian alias Bennett James (col) on porch in rear of 1618 a Cole Str. about 105pm II. OTHER SIGNIFICANT CONDITIONS: 1618 a Cole Str. about 105pm				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Jan 30 1953 Homicide				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SOURCE OF HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 30 53 1:05 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR E981X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:25 p.m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Frank E. Taylor, Coroner				23b. ADDRESS 1340 Park Ave		23c. DATE SIGNED 2/9/53	
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-10-53		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. FEB 9 1953		REGISTRAR'S SIGNATURE J. Charles Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DeMent & Son 2629-31 Cole Street			

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.