

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23451**

FILED JUN 26 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **506** Registrar's No. **1592**

see

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. CITY OR TOWN Lemay	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 22 yrs.		e. STREET ADDRESS (If rural, give location) 805a Ziess Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 805a Ziess Avenue			

3. NAME OF DECEASED (Type or Print)	a. (First) LINDA	b. (Middle) ANN	c. (Last) GALLOWAY	4. DATE OF DEATH (Month) (Day) (Year) June 7, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 24, 1950	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mirell Galloway	13b. MOTHER'S MAIDEN NAME Rita Mueller	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT'S SIGNATURE OR NAME Rita Galloway	ADDRESS 805a Ziess, Lemay 23 Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spina bifida DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		751X	

19a. DATE OF OPERATION Oct. 1950	19b. MAJOR FINDINGS OF OPERATION Repair of Spina bifida	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **6/6/53** to **6/7/53**, that I last saw the deceased alive on **6/6/53**, 19**53**, and that death occurred at **10:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wt. Secor M.D.	23b. ADDRESS 5203 Chippewa	23c. DATE SIGNED 6/8/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 9, 1953	24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery	24d. LOCATION (City, town, or county) (State) 7030 Gravois
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DATE REC'D BY LOCAL REG. 6-8-53	REGISTRAR'S SIGNATURE Herbert R. Domb-M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.	ADDRESS 781 1/2 So. Broadway St. Louis, Mo. 31
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Lewis C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. 1st

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.