No. 300
10-48

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41653

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3073

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEMAY
c. LENGTH OF STAY (in this place): 20 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 621 ALLEN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEMAY 4850
d. STREET ADDRESS (If rural, give location): 621 ALLEN

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): D.
c. (Last): GALLINI

4. DATE OF DEATH (Month) (Day) (Year): NOV. 28, 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 29, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NOGHT WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY: TAVERN
11. BIRTHPLACE (City and State or Foreign Country): ITALY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DOMINICK GALLINI
13b. MOTHER'S MAIDEN NAME: (UNK.) COLOMBO
14. NAME OF HUSBAND OR WIFE: CATHERINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): S.P.A.W.
16. SOCIAL SECURITY NO.: 493-24-8211
17. INFORMANT'S SIGNATURE OR NAME: CATHERINE GALLINI — ADDRESS: 621 ALLEN, LEMAY 28 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Infarction (Arterial?) — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 2 months
DUE TO (c): Cirrhosis of Liver — 2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture Right Ankle — 2 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5810F
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/9, 1953, *to* 11/28, 1953, *that I last saw the deceased alive on* 11/27, 1953, *and that death occurred at* 9:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter S. Greenwald
23b. ADDRESS: 4617 Waldron Ave
23c. DATE SIGNED: 11/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: MT. OLIVE CEMETERY
24d. LOCATION (City, town, or county) (State): MT. OLIVE & LEMAY FERRY ROADS

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. HOFFMEISTER COLONIAL MORTUARY, 6464 CHIPPEWA ST. LOUIS, MO. 9

S 2W (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 _____
Student Embalmer

Signed Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.