

STANDARD CERTIFICATE OF DEATH

45305  
State File No. 12306  
Registrar's No.

FILED JAN 19 1954

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		21690	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2845 PENNSYLVANIA</u>				d. STREET ADDRESS (If rural, give location) <u>16 2845 PENNSYLVANIA</u>			
3. NAME OF DECEASED (Type or Print) <u>SYLVESTER GANLEY</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 28 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 14 1890</u>		9. AGE (in years last birthday) <u>63</u>	if UNDER 1 YEAR Days _____	if UNDER 24 HRS. Hours _____ Mts. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STREET &amp; SEWERS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. LOUIS CITY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>		12. CITIZENSHIP OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>JAMES GANLEY</u>			13b. MOTHER'S MARDEN NAME <u>ELIZABETH OTTO</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH GANLEY</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W A R I</u>		16. SOCIAL SECURITY NO. <u>488-09-9649</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELIZABETH GANLEY</u> ADDRESS <u>2845 PENNSYLVANIA</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis -</u>  ANTECEDENT CAUSES <u>C.V.R. Syndrome</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		21d. HOW DID INJURY OCCUR? <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>12/1, 1953</u> to <u>12/28, 1953</u> , that I last saw the deceased alive on <u>12/26, 1953</u> , and that death occurred at <u>8:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Emmale M &amp;</u>				23b. ADDRESS <u>2800 Chicago</u>		23c. DATE SIGNED <u>12/29/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>DEC 31 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S. PETER + PAUL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>WATERLOO ILLINOIS</u>		
DATE REC'D BY LOCAL REG. <u>DEC 29 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutasi</u> ADDRESS <u>7906 Grand</u>			

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

Marshall Eastman

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**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 Robt J. Budd

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo

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.