

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29396

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>1952</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		<u>423</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9223 Tudor</u>				d. STREET ADDRESS (If rural, give location) <u>9223 Tudor</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle)		c. (Last) <u>Galvin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 11, 1890</u>		9. AGE (In years) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.) <u>63</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dubuque, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Henry Leonard</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>William H. Galvin</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florence Jewson</u>				ADDRESS <u>6154 Suburban</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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension</u>						<u>years</u>			
		DUE TO (c) <u>Arteriosclerosis</u>						<u>years</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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. 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?							
22. I hereby certify that I attended the deceased from <u>Jan 8, 1954</u> , to <u>Aug 6, 1954</u> , that I last saw the deceased alive on <u>Aug 6, 1954</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Roy Alwether Sr. M.D.</u>			(Degree or title)			23b. ADDRESS <u>Overland 14 mo</u>		23c. DATE SIGNED <u>8-7-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>8/8/54</u>		REGISTRAR'S SIGNATURE <u>Heather R. Somers</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Wortmann Funeral Home</u>					ADDRESS <u>9222 Lackland</u>	

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 Al C. Outman

Licensed Embalmer No. 3478

P. O. Address _____

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.