

FILED JUN 27 1955

STANDARD CERTIFICATE OF DEATH

20044
State File No.
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5260

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY Summit | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Akron <i>8348</i> | |
| c. LENGTH OF STAY (in this place) 2 days | | d. STREET ADDRESS (If rural, give location) 838 Hazel St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | | |

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|---|------------------------|---|-------------|---|---|----------------------------------|
| 3. NAME OF DECEASED (Type or Print) GEORGE | | a. (First) | b. (Middle) | c. (Last) GALLO JR. | 4. DATE OF DEATH (Month) (Day) (Year) June 16, 1955 | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | 8. DATE OF BIRTH Sept 5, 1903 | 9. AGE (in years last birthday) 51 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator operator | | 10b. KIND OF BUSINESS OR INDUSTRY Goodyear Rubber Co. | | 11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia 8 | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME George Gallo Sr. | | 13b. MOTHER'S MAIDEN NAME Katherine Venorsky | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | | 16. SOCIAL SECURITY NO. 1-4-21; 1-3-22 333-03-4728 | | 17. INFORMANT'S SIGNATURE OR NAME Steve Gallo | |
| | | | | ADDRESS Granite City, Ill. | |

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|--|--|---|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs |
| *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) Anuria | | | 20 yrs |
| | | ANTECEDENT CAUSES DUE TO (b) Urethral stricture | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION 0 | | 19b. MAJOR FINDINGS OF OPERATION 0 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 608X | |

22. I hereby certify that I attended the deceased from 6/14, 1955, to 6/16, 1955, that I last saw the deceased alive on 6/16, 1955, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

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|---|--|---|--|---|--|
| 23a. SIGNATURE L. M. Cronley M.D. | | 23b. ADDRESS 4652 Maryland St. Louis, Mo. | | 23c. DATE SIGNED 6/17/55 | |
| 24a. BURIAL, CREMATION, REMOVAL Removal | | 24b. DATE 6-18-55 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Madison Co., Illinois | |

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|--------------------------------------|--|-------------------------------------|--|--|--|
| DATE REC'D BY LOCAL REG. JUN 17 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith | | FURNERAL DIRECTOR'S SIGNATURE J. Sedlack | |
| | | | | ADDRESS Granite City, Ill. | |

(Licensed Embalmer's Statement on Reverse Side)

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

John T. Sedlach
Licensed Embalmer No. 3747

P. O. Address

Madison, Ill

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.