

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28540****1854**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 1854	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Wellston		c. LENGTH OF STAY (In this place) 1 yr. 11 mos.		c. CITY (If outside corporate limits, write RURAL and give township) Alton		d. STREET ADDRESS (If rural, give location) Ursuline Convent	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital				d. STREET ADDRESS (If rural, give location) Ursuline Convent			
3. NAME OF DECEASED (Type or Print) Julia		a. (First)		b. (Middle) Gallagher		c. (Last) (Sr. M. Dorothy)	
4. DATE (Month) (Day) (Year) Aug. 8, 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Aug. 15, 1882		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 11 Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Ursuline Nun		11. BIRTHPLACE (State or foreign country) Galway, Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James Gallagher		13b. MOTHER'S MAIDEN NAME Mary Gannon		14. NAME OF HUSBAND OR WIFE Never Married			
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 Ursuline Convent Alton, Illinois		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		Heat Exhaustion		4 days	
		ANTECEDENT CAUSES		Arteriosclerotic Heart Disease		Years	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized Arteriosclerosis		"	
		DUE TO (c)		Osteoarthritis		Years	
		II. OTHER SIGNIFICANT CONDITIONS		Chronic Brain Syndrome due to		Years	
		Conditions contributing to the death but not related to the disease or condition causing death.		Cerebral Arteriosclerosis with psychosis.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4200 F		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 (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 9-20- , 19 53 , to 8-8- , 19 55 , that I last saw the deceased alive on 8-8- , 19 55 and that death occurred at 6:40 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (In case or title) [Signature]				23b. ADDRESS 7301 St. Charles Rook Rd.		23c. DATE SIGNED 8/8/55	
24a. BURIAL, CREMA TION, OR OTHER DISPOSITION REMOVAL		24b. DATE 8-10-1955		24c. NAME OF CEMETERY OR CREMATORY St. Patrick's		24d. LOCATION (City, town, or county) (State) Godfrey Twp., Illinois	
DATE REC'D BY LOCAL REG. 8/8/55		REGISTRAR'S SIGNATURE Harbert P. Donkey, Jr.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas J. Burdette, Alton, 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Thomas J. Burke Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4968

727 LANGDON

P. O. Address ALTON, ILLINOIS

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.