

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25442**
Registrar's No. **1625**

FILED JUL 18 1956

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 1625		
1. PLACE OF DEATH a. COUNTY St. Louis , Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 23. 4000				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 2-Nazareth Lane.				
3. NAME OF DECEASED (Type or Print) a. (First) Sister b. (Middle) Mary c. (Last) Davidica Gallon			4. DATE OF DEATH (Month) (Day) (Year) July 2 1956					
5. SEX Fem.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 6, 1880		
9. AGE (In years last birthday) 75		10. MONTHS 11		11. DAYS 26		12. IF UNDER 18 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher			10b. KIND OF BUSINESS OR INDUSTRY Religion			11. BIRTHPLACE (State or foreign country) Chester, Ill.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Francois Gallon		13b. MOTHER'S MAIDEN NAME Rosalia Duschinsky		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister M. Clarissa, Nazareth Convent				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION St. Louis 23, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio renal vascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH ?		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		442x		
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 June 24, 1956, to July 2, 1956 , that I last saw the deceased alive on July 2, 1956 , and that death occurred at 9:30 a.m. from the causes and on the date stated above.								
23a. SIGNATURE Karl L. Keffler (Degree or title) M.D.				23b. ADDRESS 1139 Bellevue av.		23c. DATE SIGNED July 3-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 4-1956		24c. NAME OF CEMETERY OR CREMATORY Nazareth Convent		24d. LOCATION (City, town, or county) (State) St. Louis 23, Mo.		
DATE REC'D BY LOCAL REG. 7-3-56		REGISTRAR'S SIGNATURE Herbert R. Donahue		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.		ADDRESS 7814 So. Broadway St. Louis, Mo.		

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 Leiner E. Hoffmann

Signed.....
Student Embalmer

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.