

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 STATE FILE NUMBER

6347

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 974

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Masonic Home of Mo.</u>			Length of stay in lb <u>8 mo 26 da 39</u>		d. STREET ADDRESS (If outside, give location) <u>6954 FAYETTE AVE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Julia</u> Middle <u>Kennedy</u> Last <u>Kennedy</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>29</u> Year <u>1957</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>January 3-1882</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>26</u> Days <u>26</u> Hours <u>1</u> Min.			
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		BIRTHPLACE (City and state or country) <u>May Station, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Samuel F. Gallaty</u>				14. MOTHER'S MAIDEN NAME <u>Alice Evererich</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 <u>Masonic Home of Missouri</u> <u>Lewis C. Robertson</u> <u>Supt.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE MYOCARDIAL INFARCTION</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 HRS</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <u>CORONARY THROMBOSIS</u> <u>6 MONTHS</u>		
DUE TO (c) <u>ARTERIO SCLEROSIS / GENERALIZED</u> <u>10 YRS</u>							PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>420-1</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year <u>p. m.</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>May 1956</u> to <u>Jan 29-57</u> and last saw her alive on <u>Jan 28-57</u> Death occurred at <u>12 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Robert A. Hall</u> <u>M.D.</u>				22b. ADDRESS <u>5381 DELMAR</u> <u>3902 BAFAYETTE ST. LOUIS, MO</u>		22c. DATE SIGNED <u>JAN. 29, 1957</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2/1/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>				
24. FUNERAL DIRECTOR <u>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.,</u> <u>FUNERAL HOME, INC., Saint Louis, 15, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>JAN 30 '57</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith Mo</u> <u>msb</u>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms written. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

