

U.S. No. 300
REV. 10-2-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43053

FILED NOV 27 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 530 Registrar's No. 2735

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 days</u>		e. STREET ADDRESS (If rural, give location) <u>2610 4744 Leduc</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteo. Hospt.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>P.</u>	c. (Last) <u>Gallagher</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Oct. 31, 1957</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 24, 1884</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work if not working life, even if retired) <u>salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>G-W-TIRE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>	12. COUNTRY OF WHAT CITIZENRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOSEPH S. GALLAGHER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN WALSH</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Gallagher</u>
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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>444011883</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara L. Gallagher</u>	ADDRESS <u>4744 Leduc St</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>		<u>4 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Megaloecardia</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>4 hrs</u> <u>4 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 Oct 20, 1957, to Oct 31, 1957, that I last saw the deceased alive on Oct 31, 1957, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Do not use title) <u>William D. McManus</u>	23b. ADDRESS <u>5301 Ashby Rd St Ann Mo</u>	23c. DATE SIGNED <u>11/3/57</u>
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24a. BURIAL CREMATION-REMOVAL (Specify)	24b. DATE <u>Nov. 4, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS</u>
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DATE REC'D BY LOCAL REG. <u>11-2-57</u>	REGISTRAR'S SIGNATURE <u>Hubert A. Donohue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nell Walsh Barnes</u>	ADDRESS <u>St Louis</u>
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(Licensed Embalmer's Placement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4401

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 John Maher..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Maher.....
Licensed Embalmer No. 29-529

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.