

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030407
State File No. _____
Registrar's No. 8021

FILED AUG 28 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MI Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Mo</u>		c. LENGTH OF STAY (In this place) c. CITY OR TOWN <u>St Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>01 1450 Mullamphy Str</u>		e. STREET ADDRESS (If rural, give location) <u>2 269 1450 Mullamphy Str.</u>	
3. NAME OF DECEASED (Type or Print) <u>Frances</u>		a. (First) <u>Frances</u>	b. (Middle) <u>Galinski</u>
c. (Last) <u>Galinski</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 16-1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 5/95</u>
9. AGE (In years last birthday) Months Days <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>on Pension</u>	
11. KIND OF BUSINESS OR INDUSTRY		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bernard Galinski</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Oswaska</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas Galinski</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas Galinski 1450 Mullamphy Str.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumonic heart disease</u> 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. <u>nutritional stinosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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) <u>2</u>	
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 _____, 1955, to <u>8-10-58</u> 1958, that I last saw the deceased alive on <u>8-10</u> , 1958, and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joe P. Conlith M.D.</u>		23b. ADDRESS <u>4952 Maryland</u>	
23c. DATE SIGNED <u>8/18/58</u>		24. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/19/58</u>	
24c. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>		24d. DATE REC'D BY LOCAL REG. <u>AUG 18 58</u>	
24e. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Central Und Co 1841 Cass ave</u>	

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.....
Signature of Student Embalmer

Signed.....
J.M. Rister

Licensed Embalmer No. *3980*

P. O. Address *St. Louis*

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.