

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027428

FILED VS AUG 17 1959 17

Primary Registration District No. 54 Registrar's No. 2139

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b <i>Deep</i>	c. CITY OR TOWN Wellston		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6435 Chatham	
3. NAME OF DECEASED (Type or print) First Middle Last ANNIE Cecelia GALLMAN			4. DATE OF DEATH Month Day Year AUG. 6 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar 23, 1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min. 4 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		10b. KIND OF BUSINESS OR INDUSTRY Newport, Kentucky		11. BIRTHPLACE (City and state or country) U. S. A.	
13a. FATHER'S NAME John Bernard Yellig		13b. MOTHER'S MAIDEN NAME Clara Adelia Byrum		14. NAME OF HUSBAND OR WIFE Louis Abraham Gallman	
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. 498-09-2309		17. INFORMANT Anna C. Gallman	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE THROMBOLI - PULMONARY					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ACUTE DILATATION R.A. & EARLY THROMBUS					UNKNOWN
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) G.A.S. CEREBRAL ARTERIO SCLEROSIS, ARTERIOBRADYCARDIA				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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 AUG. 3, 1959 to AUG. 6, 1959 and last saw her ^{her} alive on AUG. 6, 1959 Death occurred at 7:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ronald C. Gammann, M.D.			22b. ADDRESS 601 So. BRENTWOOD BLVD.		22c. DATE SIGNED 8-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Rauschaubach Cemetery		23d. LOCATION (City, town, or county) (State) Imperial, Missouri
24. FUNERAL DIRECTOR Ambruster Mortuary, 6633 Clayton Rd.			25. DATE RECD. BY LOCAL REG. 8-9-59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Fred J. Hamm*

Licensed Embalmer No. 4788

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.