

1 AUG 9 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

(No.) *James B. Hospital*

791

1003

File No.

24869

6302

2. FULL NAME

(a) Residence, No. / 376 (Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

Ward.

(If nonresident, give city or town and State)

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF *Julia Gallinger*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Ab. 1871.*

7. AGE <i>Ab. 64.</i>	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Home</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) *99455101*13. NAME *Heyman - Unknown*14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) *99455101*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) *99455101*17. INFORMANT.....
(ADDRESS) *6020 San Blanca*18. BURIAL, CREMATION, OR REMOVAL
PLACE *Braewood* DATE *7/24 1935*19. UNDERTAKER *N. B. Berger*
(ADDRESS) *7715 McPherson Ave*20. FILED *JUL 24 1935* 19. *J. T. Bredebeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 23, 1935*22. I HEREBY CERTIFY, That I attended deceased from *Feb 25, 1935* to *July 23, 1935*I last saw her alive on *July 23, 1935* Death is said to have occurred on the date stated above, at *10:00* a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset
59 *7/8/35*

Other contributory causes of importance:

Diabetes mellitus
Arterio - sclerotic (general)

Name of operation..... Date of.....

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury.....

Where did injury occur?.....

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....

(Signed) *Walter T. Holbrook* M. D.(Address) *453 N. Taylor*

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