V	/(1330UK	וטו	IVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	
DO NOT WRITE ON THIS STUB	AMEND	ED	Registration District No. 317 Primary Registration District No. 500 Registrar's No. 189177.959 STATE FILE NUMBER	
VS 300	 e	 	1. PLACE OF DEATH a. COUNTY St. Louis 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE Missouri b. COUNTY admission	fare)
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unincorporated Length of stey in 1b OR OR TOWN C. CITY OR OR TOWN Inside Lim OR TOWN No	
14000 2 22	¥ 2% 2%		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Mercy Hospital Yes 图 No □ Inside Limits Yes 图 No □ d. STREET ADDRESS1111 S. 12th St. Apt.512 Yes □ No	-
3			3. NAME OF DECEASED First Middle Lost 4. DATE OF DEATH APTIL 15, 1965	-
5 ,			5. SEX 6. COLOR OR RACE Widowed Divorced B. DATE OF BIRTH 9. AGE (last birthday) Months Days Hours Months Days Hours	24 HR Min.
6	W.S		10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (City and state or country) 14. CITIZEN OF WHAT COUNTRY 15. A.	TRY
7 0	FOLLOW		136. FATHER'S NAME Patrick Gallagher 136. MOTHER'S MAIDEN NAME Bridget Highland 14. NAME OF HUSBAND OR WIFE Lillian Gallagher	
8 2	E AS	.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 494-1:2-1439 Mrs. Lillian Gallagher 1111 S. 12th St.	
10	OF OF	DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BOCTETION Shock 20 TO Grom Negative Septicemia	EEN ATH
11 1239-0	HIS RECORD INSTEAD OF	DOC!	Conditions, if any,) DUE TO (b) Probable (DrINARY Tract INFECTION)	
13	- 	-	which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)	
39	NO s		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female there a pregnancy in last 90	days.
. ,	AMENDMENT		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease was female disease condition given in PART II. It deceased was female there a pregnancy in last 90	known
USE BLACK INK OR TYPEWRITER RIBBON	AMEN		20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
			20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK 10 farm, factory, street, office bldg., etc.)	TE
	D READ		21. I attended the deceased from Opril 13 1965, to Opril 15 1965 and last saw her prime alive on Cipril 15 1965 Death occurred at 3:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.	
USE	алоонѕ	VIT OF	220. SIGNATURE Lemm Legie & MO. 22b. ADDRESS Lem Bollas Ro ST. LMO 4/L5	IGNED
_	ġ S	FFIDAV	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DAYE 23d NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) removal 4-17-65 Calvary Cemetery St. Louis, Missouri	
	ITEM	BY AF	Math Hermann and Son, Inc. 2161 E. Fair St. Louis. Missouri ADDRESS ADDRESS Louis. Missouri 25. Date recd. By Local reg. L-16-65 Suffly ms	
'			"Iceanad Embalmar's Statement on Payatra Side)	

(Licensed Embalmer's Statement on Reverse Side)

etto .38

ard of the

Tagger of a contra

SIR. do . We wish . Tilly

CONT. OF ELECT

1

oc. Jenn's hore, Los ilon x

200

.

offic sing

Books to be eigh

13

The state of productions

my of the state of

40 7431 - 2513 403 - 25, 233, 125 (cm) - 355(±) = 3

.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Nelford & Buenley
Student Signature of Student Embalmer	_ Signed / S
	Licensed Embalmer No. 4202
	P. O. Address Afforce (12)

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).

Truck Trumps on Lower 23 f J. Feir