

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

Do not use this space.

11508

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1160 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 4470 Registered No. 32  
 City University City (No. Washington University Field House St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Charles Galloway  
 (a) Residence: No. 4171 Magnolia Ave. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Garfielda M. Galloway  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
59 2 18

8. OCCUPATION OF DECEASED Organist 369  
 (a) Trade, profession, or particular kind of work.  
 (b) General nature of industry, business, or establishment in which employed (or employer) St. Peter's Church  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. Galloway

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Andrew  
 (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Phoebe Tidburn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) London  
 (STATE OR COUNTRY) England

14. INFORMANT 4171 Magnolia Ave St Louis  
 (Address) Garfielda Miller Galloway

15. FILED 3-11-31 Lenard Mclellan REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9 1931

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1930 to Mar 6, 1931.  
 That I last saw him alive on Mar 6, 1931, and that death occurred, on the date stated above, at 7:00 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cardiac Dilatation (Acute)  
92C  
95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis  
 (duration) 1 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Wid at Field House  
Washington University  
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Richard H. Fulman, M. D.

Mar 10, 1931 (Address) 4247 S. Grand

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL Mar 12 1931

20. UNDERTAKER Wagon ADDRESS 3621 Olive

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1931

