

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

PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City St. Louis

Registration District No. 791

File No. 11710

Primary Registration District No. 1003

Registered No. 2899

St. 18 Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Cecelia Josephine Callahan

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Mar. 5, 1911
(Month) (Day) (Year)

AGE 1 yrs. 20 mos. 20 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE (City or town, State or foreign country) St. Louis

PARENTS NAME OF FATHER James J. Callahan
BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Louis
MAIDEN NAME OF MOTHER Jennie Dumont
BIRTHPLACE OF MOTHER (City or town, State or foreign country) St. Louis

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Callahan
(ADDRESS) 2812 N. 25th Street

FILED MAR 25 1912 Max B. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 24, 1912, to March 24, 1912, that I last saw her alive on March 24, 1912, and that death occurred, on the date stated above, at 10 P. m. The CAUSE OF DEATH* was as follows:

Cerebral Meningitis
19A nos. Epileptic
(Duration) ___ yrs. ___ mos. ___ ds.
Contributory and known
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) August Meyers M. D.
March 20, 1912 (Address) 2315 University

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. in the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted
If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL 3-25-1912

UNDERTAKER Coullery Kelly ADDRESS 2735 Cass Ave

ALY, WITH CREATING L... THIS IS A PERM...

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____ Township _____ or Village _____ City St Louis (NO. 2812 N. 25th St. _____ Ward _____) Registration District No. 791 File No. 11710 Primary Registration District No. 1003 Registered No. 2899

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Cecilia Josephine Callahan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S
DATE OF BIRTH mar 5, 1911 (Month) (Day) (Year)
AGE 1 yrs. 20 mos. 20 ds. If LESS than 1 day, hrs. or mins.
OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____

DATE OF DEATH Mar 24, 1912 (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Mar 24, 1912, to Mar 24, 1912, that I last saw her alive on Mar 24, 1912, and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:
cerebral meningitis
and Tubercular not Acute

BIRTHPLACE (City or town, State or foreign country) St Louis
PARENTS NAME OF FATHER James Callahan BIRTHPLACE OF FATHER (City or town, State or foreign country) St Louis
MAIDEN NAME OF MOTHER Marie Demont BIRTHPLACE OF MOTHER (City or town, State or foreign country) St Louis

(Duration) yrs. mos. ds. 1 ds.
Contributory In proper Feeding (SECONDARY) (Duration) yrs. mos. ds. 6 mos. 1 ds.
(Signed) August Kelly M. D. May 8, 1912 (Address) 2315 University
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. J. Callahan (ADDRESS) 2812 N. 25th St

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted If not at place of death? _____
Former or usual residence _____

FILED 5-9 1912 A. G. Suddards REGISTRAR

PLACE OF BURIAL OR REMOVAL Celray DATE OF BURIAL 3/25, 1912
ADDRESS 2735 Cass Ave
UNDERTAKER Cullen & Kelly

WRITE PLAINLY IN INK. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. OCCUPATION SHOULD BE STATED EXACTLY. CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

SUPPLEMENTARY

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)