NOV 18 1930

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

Do not use this space.

34076

File No.

Registered No. 357

1. PLACE OF DEATH

County St. Louis

Township Carondelet

City Jefferson Barracks, Mo. No. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

Registration District No. 1123

Primary Registration District No. 6248 B.

2. FULL NAME John F. Callais

(a) Residence. No. R. #4. Mt. Vernon, Ills. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White.	Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Hattie Callais.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	40	9	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) Farming for himself.

(c) Name of employer Farming for himself.

9. BIRTHPLACE (CITY OR TOWN) ----------
(STATE OR COUNTRY) St. Clair County, Illinois.

PARENTS

10. NAME OF FATHER Alfred Callais

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Illinois.

12. MAIDEN NAME OF MOTHER Victorine Christofee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Illinois.

14. INFORMANT C. H. Smith, Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED 11-29-1930 L. C. Obrad
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 28, 1930

17. I HEREBY CERTIFY, That I attended deceased from October 21, 1930, to October 28, 1930 that I last saw him alive on October 28, 1930, and that death occurred, on the date stated above, at 5:35 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis, cerebral, non-infectious.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Brain Abscess: Otitis Media, suppurative, left.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct. 28, 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation, Physical, X-Ray & Laboratory findings.

(Signed) W. C. Gibson, Medical Officer In Charge, M.D.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

*State the DISEASE CAUSING DEATH, or if death resulted from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Vernon Ills — DATE OF BURIAL 10/29 1930

20. UNDERTAKER Gr. Funeral Co. — ADDRESS 7814 Gravois Bldg

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.