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.

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

Do not use this space.

36410

1. PLACE OF DEATH

County ..... Registration District No. 91

Township ..... Primary Registration District No. 03

File No. .....

Registered No. 10949

City St. Louis (No. City Hospital St. ..... Ward)

12518

2. FULL NAME Serita Jane Callahan

(a) Residence, No. 6112 Ella St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18 - 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Sylvester Callahan

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Camille McIntosh

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Hospital Information
(ADDRESS) Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Oct 31 1931

19. UNDERTAKER Cullen & Kelly
(ADDRESS) 4524 Easton

20. FILED OCT 30 1931 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17th, 1931, to Oct. 30th, 1931

I last saw her alive on Oct. 30th, 1931. Death is said to have occurred on the date stated above, at 4.45 a.m.

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

Bronchopneumonia

Primary

107a

Date of onset

Other contributory causes of importance:

107A

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

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

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? .....

If so, specify .....

(Signed) J. McMacnish, M. D.

(Address) City Hospital

Callahan