

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

Do not use this space.

34404

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1123  
Township Carondelet Primary Registration District No. 6948 E.  
City Brookline No. 9908 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Nellie Callahan

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WHO WAS OR IS YOUR SPOUSE (OR) WIFE OF Jerry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 2 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 3L

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 92

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vincennes Ind.

13. NAME A. C. Dawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Ind.

15. MAIDEN NAME Mary Birens

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

17. INFORMANT Jerry Callahan  
(ADDRESS) 9908 Brookline

18. BURIAL, CREMATION, OR REMOVAL PLACE H. Peter's Cem DATE Oct 20 1933

19. UNDERTAKER C. Hoffmeister M. & Co  
(ADDRESS) 7814 Co. Broadway

20. FILED Oct 17 1933 L. C. Obroy  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_

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

Coronary artery disease, acute myocarditis, fibrous tuberculosis, chronic of left lung, myocardial insufficiency.

Other contributory causes of importance: Occlusion of the right coronary at its origin.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy 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 \_\_\_\_\_

(Address) 3718 Jennings Rd

Dr. J. B. Timmon

Coroner St. Louis, Mo.

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.

NOV 10 1933

29 30 31 32 33

Jury Verdict: - Find deceased came  
to her death of heart disease  
or natural causes.

Found dead at 9908 Brook  
av. Carondelet Twp. St. Louis  
County.