

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.

21945

DEC 4 1936

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

Do not use this space.

42401

1. PLACE OF DEATH

County St. Louis Registration District No. 788
 Township East 7th Primary Registration District No. 447
 City Webster Groves (No. 1023 S. Elm Ave.) St. _____ Ward _____

File No. _____
 Registered No. 175

2. FULL NAME E. Carolyn Callahan

(a) Residence, No. 1023 S. Elm 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8th, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 6 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
 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) (STATE OR COUNTRY) Indiana

13. NAME Thomas J. Clements

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

15. MAIDEN NAME Carolyn Love

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

17. INFORMANT Mrs. Carolyn Brock
 (ADDRESS) 1023 S. Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Logansport, Ind. DATE Nov. 8th, 1936

19. UNDERTAKER Wrethman Nosal
 (ADDRESS) 1905 Union Blvd.

20. FILED 11-9-1936 Jules R. Yore
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1936 to Nov 7, 1936

I last saw her alive on Oct 30, 1936. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Cerebral Hemorrhage Date of onset ?
Chronic Nephritis ?
(Cardio-Vascular Renal Disease)

Other contributory causes of importance:
Hypertension ?
Amyocarditis ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (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? no
 If so, specify _____
 (Signed) Victor Reese M. D.
 (Address) 17 E Lockwood Webster Groves

no

17 3 Lockwood

7-10

Yall
Vasa Spring