

OCT 14 1937

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

32844

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis, Mo. (d) Street No. 3822 De Tonty (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1003

Primary Registration District No. ....

Registered No. 88982. PRINT FULL NAME Mary Ellen Callahan

(a) Residence, No. 3822 De Tonty Ave. St. 17 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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, WIDOWED, OR DIVORCED Widowed  
 HUSBAND OF the late Cornelius Callahan  
 (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
35 77 5 24

8. Trade, profession, or particular kind of work done, as at home  
 as lawyer, bookkeeper, etc.9. Industry or business in which work was done, as at home  
 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) Cincinnati, Ohio13. NAME Daniel Murphy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Anna Callahan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Rev. Edmond Callahan  
 (ADDRESS) " 2047 East Grand Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 9/25/3719. FUNERAL DIRECTOR Strook Carroll Und. Co.  
 (ADDRESS) 4600 Natural Bridge Ave.20. FILER J. Bredeek  
 (ADDRESS) Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep't. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3<sup>rd</sup>, 1937, to Sept. 21, 1937  
 I last saw her alive on Sept. 21, 1937. Death is said to have occurred on the date stated above, at 7:23 p.m.  
 The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Sept 15, 1937  
Cerebral apoplexy July 25, "  
Essential Hypertension 1934

Other contributory causes of importance: .....

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? No

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? No  
 If so, specify. John A. Virant, M. D.  
 (Signed) John A. Virant, M. D.  
 (Address) 3902 Russell Blvd.

2552000

SEP 24 1937

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**