

REC'D MAR 14 1938

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

4538

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3013 Hawthorne Bld.** St. Registered No. **1183**
 (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.

2. PRINT FULL NAME

(a) Residence, No. **3013 Hawthorne** 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 **widow**
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 10 1859**

7. AGE YEARS **78** MONTHS **8** DAYS **20**
 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **housework**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) **Taunton**
 (STATE OR COUNTRY) **Mass.**

FATHER 13. NAME **Hugh Callahan**

14. BIRTHPLACE (CITY OR TOWN) **Taunton**
 (STATE OR COUNTRY) **Mass.**

MOTHER 15. MAIDEN NAME **Bessie O'Brien**

16. BIRTHPLACE (CITY OR TOWN) **Taunton**
 (STATE OR COUNTRY) **Mass.**

17. INFORMANT **Aimee J. Jevade**
 (ADDRESS) **3013 Hawthorne Bld.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Paul Chyard** DATE **2-2-38**

19. FUNERAL DIRECTOR **With Bur. A. H. Co.**
 (ADDRESS) **2929 S. Jefferson Av.**

20. FILED **FEB 1 1938** **J. F. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 27 - 1938** **Jan 30 - 1938**
 last saw her alive on **Jan 30 1938** Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset **1 year**

Other contributory causes of importance:
none

Name of operation..... Date of.....
 What test confirmed diagnosis? **Clinical** as 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?
 If so, specify.....
 (Signed) **J. P. Townsend**, M. D.

(Address) **6913 Governor Ave**

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin Licensed Embalmer No. 3472

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

..... L. E.

No. 3472 or by

working under my personal supervision.

Registered Apprentice No.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

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.)