

REC'D JUN 9 1938

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

16721
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, Mo.** (d) Street No. **5914 Clayton** St.
(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 **Harvey Mc Callister 242**
(a) Residence, No. **5914 Clayton** St. **4**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 24, 1871**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 1 23

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

12. BIRTHPLACE (CITY OR TOWN) **Johnston** (STATE OR COUNTRY) **Pa.**

FATHER 13. NAME **Socratice McCallister**

14. BIRTHPLACE (CITY OR TOWN) **Johnston** (STATE OR COUNTRY) **Pa.**

MOTHER 15. MAIDEN NAME **Susie Thomas**

16. BIRTHPLACE (CITY OR TOWN) **Johnston** (STATE OR COUNTRY) **Pa.**

17. INFORMANT **Lillie McCallister** (ADDRESS) **5914 Clayton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles** DATE **May 20 - 1938**

19. FUNERAL DIRECTOR **Edith E. Ambruster** (ADDRESS) **4234 Manchester**

20. FILED **MAY 18 1938** 19 **J. P. Budeck** Registrar

MEDICAL CERTIFICATE OF DEATH

~~No attending physician~~
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 17, 1938**

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, **10.30 PM**
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia. Date of onset

Other contributory causes of importance:
108

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **X**

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? **X**
If so, specify.....
(Signed) **Joseph M. Quinn** M.D.
(Address) **Deputy Coroner**

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.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck....., Licensed Embalmer No. 1284

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Florenz Eynck.....

Licensed Embalmer No. 1284.....

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.)