DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23312

Registration District No. 764 JUL 13 1939

Primary Registration District No. 200

Registrar's No. 1221

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6139 Plymouth Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis

(c) City or town Wellstom, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 6139 Plymouth Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME 457 Timothy J. Callahan

3. (b) If veteran, name war _____

3. (c) Social Security No. 499-03-5027

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen Callahan

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov. (Month) 7 (Day) 1865 (Year)

8. AGE: Years 73 | Months 8 | Days 0 | If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Ireland (State or foreign country)

10. Usual occupation W.P.A. Tool Clerk

11. Industry or business

FATHER
12. Name John Callahan
13. Birthplace _____ (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Bridget Cantlon
15. Birthplace _____ (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Ellen Callahan
(b) Address 6139 Plynouth Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) JUL - 8 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1939 hour 2 minute 23A.M.

21. I hereby certify that I attended the deceased from Jan 1 39, 19__, to July 7, 1939; that I last saw him alive on July 5, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma L bug	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

47

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
(e) While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 607 N Grand Date signed 7/8/39

(Licensed Embalmer's Statement on Reverse Side)

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.

F.L. Morse M.D.
U. Club Bldg.
1-3 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me, Registered Apprentice No. ..... working under my personal supervision.

Jos. W. Clark

Signed Jos. W. Clark

Licensed Embalmer No. 1661

P. O. Address 1125 Hodiamont

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.)

If this body is not embalmed, above space should be left blank.