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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36

Registrar's No. 36

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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17
9

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4453 a Lexington Ave 1
(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 000

(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL")

(d) Street No. 4453 a Lexington Ave 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Margaret Callahan

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

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

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

7. Birth date of deceased March (Month) 4th (Day) 1853 (Year)

8. AGE: Years 87 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Michigan City (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Hanahan
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs Frank Gorosky
(b) Address 750 Leland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot & Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) 1-3-41 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1941 hour 3 minute 20am M.

21. I hereby certify that I attended the deceased from March 18th, 1940, to Jan 1, 1941; that I last saw her alive on Dec 30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Unable to say

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)
While at work? (e) Means of injury

23. Signature Peter Reck M.D. (M. D. or other)
Address 4701 St Louis Ave Date signed 1/2/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank H Stroot

Licensed Embalmer No. 2265

P. O. Address 46 [illegible] Bridge[illegible]

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, fact should be so stated above.