

FILED JAN 29 1942

Registration District No. 84

Primary Registration District No. 200

Registrar's No. 54

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Manchester Nursing Home D
(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
(If outside city or town limits, write "RURAL")

(d) Street No. 6271 Magnolia Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia Callahan

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 20, 1942 1942 to Jan 6, 1942 1942
that I last saw her alive on 1-6-42 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

(b) Name of husband or wife Michael Callahan (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 7, 1858
(Month) (Day) (Year)

Immediate cause of death _____
Chr. myocarditis yes.

Due to Asthma yes.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

83 9 29 _____ hr. _____ min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name James Wren

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Connelly

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Anna Bruckner

(b) Address 6271 Magnolia Ave

17. (a) Burial (b) Date thereof Jan. 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Weick Bros. Und Co.

(b) Address 2201 S. Grand Bl.

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) JAN 8 - 1942 (b) E. H. Me. Jones
(Date received local registrar) (Registrar's signature)

23. Signature E. H. Me. Jones (M. D. or other) MD
Address 11 Olive, St. Louis, Mo. Date signed 1-8-42

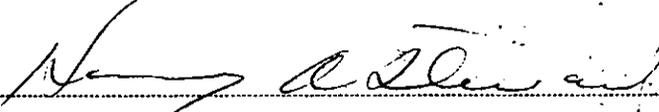
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....

Licensed Embalmer No..... 3722.....

P. O. Address..... 412 Duchouquette St.
St. Louis, Mo.

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.