

File AUG 6 1942

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

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 MISSOURI PACIFIC
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ALABAMA (b) County 27
(c) City or town MOBILE (RURAL)
(If outside city or town limits, write "RURAL.")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Joseph Benjamin Callahan

3. (b) If veteran, name war..... 3. (c) Social Security No. 718-05-1063

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ESSIE LORRAINE CALLAHAN 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased AUGUST 9 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 18 If less than one day hr. min.

9. Birthplace MOBILE ALABAMA
(City, town, or county) (State or foreign country)

10. Usual occupation FLAGMAN

11. Industry or business RAILROAD

MOTHER FATHER { 12. Name JOHN CALLAHAN

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

14. Maiden name MARY JUNE BIRCH

15. Birthplace MOBILE ALABAMA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. J.B. CALLAHAN

(b) Address MOBILE ALABAMA

17. (a) REMOVAL (b) Date thereof 7-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOBILE, Ala.

18. (a) Signature of funeral director ROBERT J. AMERUSTER

(b) Address 6633 CLAYTON RD

19. (a) JUL 27 1942 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-27-42 Day 6 a.m.
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from 7-5-42
19..... to 7-27-42 19.....

that I last saw him alive on 7-27-42 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to Cardiac Decomposition

Due to Asphyxiation

Other conditions Amputation of leg
(Include pregnancy within 3 months of death)

Major findings: Amputation of leg
Of operations 7-11-42

Of autopsy.....

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?

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

23. Signature W. A. Busket (M. D. or other)
Address 1000 1/2 St. Louis Date signed 7-27-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Robert J. Ambrose

Licensed Embalmer No. 1994

P. O. Address. ST. LOUIS

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22665
Registrar's No. 6332

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
Specify whether
In this community 22 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Joseph Benjamin Callahan
3. (b) If veteran name war
3. (c) Social Security No.

20. DATE OF DEATH: Month July year 1942 minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(b) 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 (M. D. or other)
Address Date signed

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

MOTHER FATHER

8. AGE: Years 64 Months 11 Days 14 If less than one day min.
9. Birthplace
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name
13. Birthplace
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) SEP 3 1942 (b) J. F. Bruleck
(Date of legal registrar) (Registrar's signature)

SUPPLEMENTARY

S-22665