

FILED JAN 13 1943

Registration District No.

318

Primary Registration District No.

1002

Registrar's No.

10986

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:  
3119 Magazine st. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 40 years  
years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3119 Magazine st  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME LAURA CALLAWAY

3. (b) If veteran, name war... none 3. (c) Social Security No. none

4. Sex Female 5. Color or race 3 negro 6. (a) Single, widowed, married, divorced, 2 widow  
6. (b) Name of husband or wife Charles Callaway 6. (c) Age of husband or wife if alive, dead years  
7. Birth date of deceased September 17 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 8 If less than one day  
hr. min.

9. Birthplace Mexico Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

MOTHER FATHER { 12. Name Unknown  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Curly Dee Chambers  
(b) Address 3150 School St

17. (a) Burial (b) Date thereof 12/30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters  
18. (a) Signature of funeral director C. W. Roberts

(b) Address 3035 J. F. Breese ave

19. (a) DEC 30 1942 (b) J. F. Breese  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25  
year..... hour..... minute 8:30 P. M.  
21. I hereby certify that I attended the deceased from 11/18/42 to 12/25/42  
that I last saw her alive on 12/25 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 30 day  
Duration  
Due to Chronic Myocarditis 3 yrs.

Other conditions hypertension 10 yrs  
(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)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Curly Dee Chambers (M. D. or other)  
Address 3146a Beale Date signed 12/29/42

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..... *Fulton E. Culkin*.....  
Licensed Embalmer No. *4198*.....  
P. O. Address..... *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.**