7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 99

Registration District No. 918 Primary Registration District No. 1003 Registrar's No. 1021

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:
St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 95

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. #1 Parkland Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE BURDETTE CALOHAN.

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 493-24-1901

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dixie Estelle Calohan

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Apr. (Month) 7 (Day) 1893 (Year)

8. AGE: Years 49 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Eureka Springs, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Photography

11. Industry or business

FATHER
12. Name George Ramsey Calohan
13. Birthplace Callipolis, Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Pricilla Browne
15. Birthplace Sanica Wisc.
(City, town, or county) (State or foreign country)

16. (a) Informant Marguerite Lillian Calohan
(b) Address 1 Parkland Place

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Eureka Springs, Ark.

18. (a) Signature of funeral director Alexander & Son (Dna)
(b) Address 6175 Delmar Blvd., St. Louis.

19. (a) FEB 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 29 day
year 1943 hour 11:30 A.M. minute P.M.

21. I hereby certify that I attended the deceased from Jan 26, 1943, to Jan 29, 1943 that I last saw him alive on Jan 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar — Duration 4 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy yes

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 J. S. Homan 0 (M. D. or other)
Address 4903 Delmar Ave. Date signed Jan 31/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jos. S. Norman
5:30 - 6:00 P.M.
565 Enright

FEB 1 1945

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 Thomas R. Senwick

Licensed Embalmer No. 3793

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.