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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8147

Registration District No. 318 — FILED MAR 20 1943

Primary Registration District No. 1003

Registrar's No. 2375

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

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: Homer G. Phillips Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether

In this community 1 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 18

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 3405 a WALNUT, ST. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Callaway.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race 2 C

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Eliza

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

7. Birth date of deceased (Month) (Day) 1865 (Year)

8. AGE: Years About 78 | Months | Days | If less than one day hr. min.

9. Birthplace ST Charles (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

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

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

16. (a) Informant Leslie Bell

(b) Address 3405 a Walnut st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-43 (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell, Mo

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington

19. (a) MAR 11 1943 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8 year 1943 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism Fracture of Left Leg When he was struck by a Automobile Driven by one

Due to Gilbert Shuka which had been struck from behind by another

Due to Automobile Driven by one Charles Joseph Decker at the Intersection of Grand & Cozens ave

Other conditions (Include pregnancy within 3 months of death) about 11 40 Pm 2-6-43

Major findings:
Of operations 170
Of autopsy 21

Duration

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) Accident

(b) Date of occurrence 2-6-43

(c) Where did injury occur? St Louis (City or town) 000 (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Automobile

23. Signature Thomas F Callaway (M.D. or other)

Address Deputy Coroner Date signed 3-11-43

(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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine St.

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.