

S. No. 2
M-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15938

State File No.

4846

FILED JUN 4 1943

Registration District No.

318

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pronounced dead City Hosp #13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Michael Callahan

3. (b) If veteran, name war. None 3. (c) Social Security No. 492-16-0626

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Mch. 6. 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 18 hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business.....

MOTHER FATHER { 12. Name Cornelius Callahan. 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Mary Kelly 4
15. Birthplace Ireland. (City, town, or county) (State or foreign country)

16. (a) Informant Agnis Callahan
(b) Address 5351 Easton Ave.

17. (a) Burial (b) Date thereof May 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Comotery

18. (a) Signature of funeral director Benet-Dehan
(b) Address 1431 Union Blvd.

19. (a) MAY 26 1943 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

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. 5351 Easton (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1943 hour 2:36 minute P. 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.....

Chronic Myocarditis

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) Means of injury 3

23. Signature Alfred Perry (M.D. or other).....
Address Capitol Ground Date signed 5/26/43

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.....

William J. Lewis

Licensed Embalmer No.....

4319

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.