

FILED JUN 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4984

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:
Lutheran Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town LeMay
(If outside city or town limits, write "RURAL")
(d) Street No. 712 Barnard
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lessie M Callan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife James M. 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 31 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 1 27 hr. _____ min.

9. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER
12. Name Ephram Evans
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Biggs
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James R. Callan

(b) Address 712 Barnard

17. (a) Burial (b) Date thereof 5-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director H. Schumacher

(b) Address 3013 Meramee St.

19. (a) MAY 29 1943 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1943 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 19, 1943, to May 28, 1943;

that I last saw her alive on May 27, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial hemorrhage Duration 11 da

Due to Arterio-sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 89

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) (e) Means of injury _____

23. Signature Helmut O. Alfred (M. D. or other) _____

Address Univ. Club Bldg Date signed 5/28/43

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
Clarence Kichow....., Registered Apprentice No.
working under my personal supervision.

Signed *Clarence Kichow*.....
Licensed Embalmer No. *3093*.....
P. O. Address *3013 Meramec*.....

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.