. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

88

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1948

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12617

Registrar's No. 3476

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 Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED: 999

(a) State MiFla (b) County 8

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

(d) Street No. 1050 N. Texas
(If rural, give location)

NR

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Willie B. Callhoun

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

3. (c) Social Security No. 264-24-5014

4. Sex M

5. Color or race Col

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

6. (b) Name of husband or wife Addie Welch

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

7. Birth date of deceased July (Month) 1 (Day) 1917 (Year)

8. AGE: Years 26 | Months 9 | Days 12 | If less than one day _____ hr. _____ min.

9. Birthplace Miss (City, town, or county) / (State or foreign country)

10. Usual occupation Soldier U. S. Army

11. Industry or business U. S. Army

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

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

16. (a) Informant Records, Sta. Hosp.
(b) Address Jefferson Barracks, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lakeland, Fla.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.,

19. (a) APR 14 1944 (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1944 hour _____ minute 2:15 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 Internal hemorrhage from Stabwound of left lungs and Innominate Artery, inflicted, Duration
Duel with a Knife in the hands of one Hilda McDowell, col.
Duel from a fight in Rumberger Club 211 No Cardinal Hornsby St. 1:45
Other conditions P.M. Apr 13 1944
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 0 7
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) Homicide
(b) Date of occurrence Apr 13 1944
(c) Where did injury occur? Lakeland (City or town) (County) (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 Knife

23. Signature Thomas F. Callaghan (M. D. or other)
Address Deputy Coroner Date signed 4-14-44

(Licensed Embalmer's Statement on Reverse Side)

844

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.