S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14992

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4356

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:
3643 Juniata St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17/6
(If outside city or town limits, write "RURAL")

(d) Street No. 3643 Juniata St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nellie A. Callahan

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas E. Callahan

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

7. Birth date of deceased Nov. 18, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	5	27	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Richard Tobin
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Sheridan
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant May Callahan
(b) Address 3643 Juniata St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) MAY 16 1945 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1945 hour 1 minute 0 P. M.

21. I hereby certify that I attended the deceased from 2/10/36, 19 to 5/15/45, 19;
that I last saw him alive on 5/14/45, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	10 years
Due to: Arterial sclerosis, Mitral Regurgitation	10 years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 William Dembo (M. D. or [illegible])
Address 3450 Grand Ave Date signed 5/16/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Wm Dumbo
3540 Gravois
3456

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette 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.