

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 181

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 Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community Life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Stanley Rathborn Callicott

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

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

6. (b) Name of husband or wife Della 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 7 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation R. R. Switchman

11. Industry or business _____
Name James P. Callicott

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Charlot Townley

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Della Callicott

(b) Address 5218 Lissette

17. (a) Burial (b) Date thereof 1/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Packer Cem.

18. (a) Signature of funeral director: J. J. [Signature]

(b) Address 7027 Gravois Ave.

19. (a) JAN 7 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5218 Lissette Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 6, year 1946 hour 11:30 minute 4 M.

21. I hereby certify that I attended the deceased from December 17 1945 to January 6 1946 that I last saw him alive on January 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of tongue
Due to Carcinoma of tongue 15 mo.

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

Major findings: Squamous cell carcinoma of tongue
Of operations _____
Of autopsy _____

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)
(c) Means of injury _____
23. Signature Harold Steele (M. D. or other) _____
Address 1755 S. Grand, St. Louis, Mo Date signed 1-6-46

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

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MOTHER, FATHER, SISTER, BROTHER

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Yreavis

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.

BC

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of mo
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 181

On this 4 day of March, 1946, before me appears Mrs Della Callicott, who, upon her oath, states that the original record of ^{Birth} death for Stanley Parkborn Callicott died Jan 6 -, 1946, in the State of Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. 1C should read Missouri Pacific Hospital
Instead of..... "Baptist"

Item No. should read
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

✓ Affiant Mrs Della Callicott Relationship Wife

5218 Russett
Present Address.

Subscribed and sworn to before me this 4 day of March, 1946.

My Commission expires 3/4/49. Great Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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