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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE REGISTERS
FILED MAR 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **6158**
Registrar's No. **2298**

Registration District No. **318** Primary Registration District No. _____

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:
3746 Oregon Ave. /
(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 _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3746 Oregon Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph B. Callaghan
3. (b) If veteran, name war World War # 1
3. (c) Social Security No. 491-14-7097

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 October 2 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 3 hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business Standard Generator Service.

12. Name Patrick Callaghan

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

14. Maiden name Mary Daly
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. H. J. Abels

(b) Address 5451 Bates St.

17. (a) Burial (b) Date thereof Mar. 8, 1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary
2842 Meramec St.

(b) Address _____

19. (a) MAR 8 1948 (b) J. F. Bradick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1948 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec. 20, 1946
to March 5, 1948
that I last saw him alive on March 4
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver
Duration 2 yrs.

Due to _____

Due to _____

Other conditions? MM
(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)
(e) Means of injury _____

23. Signature D. J. Johnson (M. D. or other) M. D.

Address 2801 Chippewa Date signed 3-6-48

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

MAR 7 1948

(Licensed Embalmer's Statement on Reverse Side)

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 me

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

Signed Laron E. Perry

Licensed Embalmer No. 4094

2842 Meramec St.
P. O. Address St. Louis, 18, Missouri

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.