

FILED JUL 28 1948 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 24150

6371

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
4043 Camelia 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

3. (a) PRINT FULL NAME Martha O. Callanan

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Joseph A Callanan 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased September 21 1893
(Month) (Day) (Year)8. AGE: Years 54 Months 9 Days 27 If less than one day hr. _____ min. _____9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Henry Streckert13. Birthplace Germany
(State or foreign country)14. Maiden name Martha Bohne15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Joseph A. Callanan(b) Address 4043 Camelia Ave.17. (a) Burial (b) Date thereof 7/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director Stroot-Carroll(b) Address 4600 Natural Bridge Ave.19. (a) JUL 19 1948 (Date received local registrar)J. F. Bredebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Law
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4043 Camelia 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 July day 18
year 1948 hour 11 minute 40 A.M.21. I hereby certify that I attended the deceased from July 17th 1948
to July 17th 1948
that I last saw her alive on July 17th 1948
and that death occurred on the date and hour stated above.Immediate cause of death Coronary ThrombosisDue to 1930Due to 1930Other conditions Ch. Myocarditis
(Include pregnancy within 3 months of death)

Major findings:

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)
(e) Means of injury _____23. Signature John A. Hartung (M. D. or other) MDAddress 22807 N. 2nd Date signed 7-19

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Ben Hoffman*

Licensed Embalmer No. *#366*

P. O. Address *St Louis 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.