

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38570**
10051
Registrar's No. _____

318

1003

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood | | 5 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital | | | | d. STREET ADDRESS (If rural, give location) N.R., 2108 Yale Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Bertha | | b. (Middle) Madaline | | c. (Last) Callahan | |
| 4. DATE OF DEATH | | (Month) Nov. | | (Day) 20, | | (Year) 1949 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 1899 June 5, 1899 | |
| 9. AGE (In years last birthday) 50 | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 YEAR Days _____ | | IF UNDER 24 HRS. Hours Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME unknown | |
| 14. NAME OF HUSBAND OR WIFE Eugene Callahan | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | | |
| 16. SOCIAL SECURITY NO. _____ | | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Callahan 2108 Yale Ave | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Vascula. Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 4-5 months | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1212 | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____ | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? H.H.2 X | | | | 22. I hereby certify that I attended the deceased from 9-14-1949 , to 11-20-1949 , that I last saw the deceased alive on 11-19-1949 , and that death occurred at 11:45 a.m. , from the causes and on the date stated above. | |
| 23a. SIGNATURE Eugene Callahan | | 23b. ADDRESS St. Louis, Missouri | | 23c. DATE SIGNED 11-22-49 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE Nov. 23, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. J. Croghan 7146 Manchester Ave. | |
| DATE REC'D BY LOCAL REG. NOV 22 1949 | | REGISTRAR'S SIGNATURE J. B. Swartz | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. J. Croghan 7146 Manchester Ave. | | | |

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. Allen Davis J.*.....

Licensed Embalmer No. *4053*.....

P. O. Address.....

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.