

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14409

State File No.

Registrar's No. 3434

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) 5647 Roosevelt Pl. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital | | 3. NAME OF DECEASED a. (First) Joseph b. (Middle) Aloysius c. (Last) Callahan | |
| 4. DATE OF DEATH April-13-1950 | | 5. SEX Male | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | |
| 8. DATE OF BIRTH Feb. 5, 1928 | | 9. AGE (In years last birthday) 22 IF UNDER 1 YEAR: Months 2 Days 8 IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Continental Can. | |
| 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME John J. Callahan | | 13b. MOTHER'S MAIDEN NAME Lydia Moses | |
| 14. NAME OF HUSBAND OR WIFE | | | |

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|---|---|--|--------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | 16. SOCIAL SECURITY NO. World War # 2 500-24-6863 | 17. INFORMANT'S SIGNATURE OR NAME John J. Callahan | ADDRESS 5647 Roosevelt Pl. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of skull and brain, self inflicted at home 5647 Roosevelt Pl., Apr 13 1950 exact time | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. unknown | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Suicide | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo |
| 21d. TIME OF INJURY Apr 13 50 ? m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E 976X |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:15A. m.**, from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE Daniel E. Taylor (Degree or title) | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 4.14.50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/17/1950 | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery |
| 24d. LOCATION (City, town, or county) (State) Jefferson Barracks | | |

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|--|--|--|------------------------------|
| DATE REC'D BY LOCAL REG. APR 14 1950 | REGISTRAR'S SIGNATURE J. Bosater | 25. FEDERAL DIRECTOR'S SIGNATURE Edna J. Smart | ADDRESS 1225 Union |
|--|--|--|------------------------------|

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

JUN 1950

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 Clement M. Neuf

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.