S. No. 300
v. 10.48

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

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38350

BIRTH NO. 115887 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9329

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis,Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St.Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 2209
d. STREET ADDRESS (If rural, give location) 2543 w University St.

3. NAME OF DECEASED (Type or Print)
a. (First) EVELYN
b. (Middle)
c. (Last) CALLANAN

4. DATE OF DEATH (Month) (Day) (Year) November 1st,1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-15-1913
9. AGE (In years last birthday) 37 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Mc Donald.
13b. MOTHER'S MAIDEN NAME Manne Barrett
14. NAME OF HUSBAND OR WIFE Edward Callanan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ----
(If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Jacquelin Callanan **ADDRESS** 2543 W Universit

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) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 11 yrs.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? NO

22. *I hereby certify that I attended the deceased from* 10/17/50, 19__, *to* 11/1/50, 19__, *that I last saw the deceased alive on* 11/1/50, 19__, *and that death occurred at* 11:30am *m., from the causes and on the date stated above.*

23a. SIGNATURE John T. Fowler (Degree or title) M.D.
23b. ADDRESS 1515 Lafayette Ave.,
23c. DATE SIGNED 11/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-4-50
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. NOV 3 1950
REGISTRAR'S SIGNATURE J B Fasaler
25. FUNERAL DIRECTOR'S SIGNATURE Goodhart & Goodhart **ADDRESS** 2228 St. Louis Av

(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.....

working under my personal supervision.

Student Embalmer No.....

Signed Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

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.