

FILED FEB 16 1951
117584

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1177

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>		d. STREET ADDRESS (If rural, give location) <u>3929 Olive</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle)	c. (Last) <u>CALLAHAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3rd, 1951</u>
--	---------------------------	-------------	------------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Oct 14, 1888</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
-------------------------	----------------------------------	--	---	--	---------------------------	--------------------------	--------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of preceding year, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>N. Y.</u>	12. CITIZEN OF WHAT COUNTRY?
--	---	---	------------------------------

13a. FATHER'S NAME <u>DAVID CALLAHAN</u>	13b. MOTHER'S MAIDEN NAME <u>U. K.</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

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. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Kelly</u>	ADDRESS <u>2331 Muldowney</u>
--	-------------------------------------	--	----------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		
	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. <u>Generalized Arteriosclerosis with psychosis.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>HPIX</u>
---	--	---

22. I hereby certify that I attended the deceased from 12/15/50, 1950, to 2/3/51, 1951, that I last saw the deceased alive on 2/3/51, 1951, and that death occurred at 6:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Francis J. Cotangara M.D.</u>	(Degree or title)	23b. ADDRESS <u>1515 Lafayette Ave.,</u>	23c. DATE SIGNED <u>2/5/51</u>
--	-------------------	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>FEB 7 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALLVARY</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>FEB 6 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Margaret Kelly</u>	ADDRESS <u>4066 Lindbergh</u>
---	---	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James A. Lammers*
Licensed Embalmer No. *4143*

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.