S. No. 300
v. 10.48

FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32809

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8423

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 21-yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. DePaul Hospital

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 2199
d. STREET ADDRESS (If rural, give location): 19 4121 West Pine Blvd. 0

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Edward c. (Last) Callan

4. DATE OF DEATH (Month) (Day) (Year): Sept.6,1952

5. SEX: M. 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M. 1
8. DATE OF BIRTH: June 24,1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 2, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lathe Operator- John
10b. KIND OF BUSINESS OR INDUSTRY: Roehlk Company
11. BIRTHPLACE (City and State or Foreign Country): Kansas 1
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John E.Callan
13b. MOTHER'S MAIDEN NAME: Lillie Sutton
14. NAME OF HUSBAND OR WIFE: Mrs.Grace Callan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): not known
16. SOCIAL SECURITY NO.: 498-01-9023
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs.Grace Callan,4121 West Pine Blvd.

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) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Vascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND 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? 4201

22. *I hereby certify that I attended the deceased from* 1/1, 1935, *to* 9/7, 1952, *that I last saw the deceased alive on* 9/7 1952, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis B Pull MD
23b. ADDRESS: 730 Hodiamont ave.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: Sept.9,1952
24c. NAME OF CEMETERY OR CREMATORY: Ottawa Cemetery
24d. LOCATION (City, town, or county) (State): Ottawa,Kansas

DATE REC'D BY LOCAL REG.: SEP 8 1952
REGISTRAR'S SIGNATURE: J Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Arthur J Donnelly 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Shipping Permit

Ca. 5187

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 .....

Licensed Embalmer No. 4699

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.