

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7421**  
**1504**

FILED FEB 26 1953

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2059</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1223 Blackstone</b>				d. STREET ADDRESS (If rural, give location) <b>1223 Blackstone</b>			
3. NAME OF DECEASED (Type or Print) <b>Mary</b>		a. (First)		b. (Middle)		c. (Last) <b>Callahan</b>	
4. DATE OF DEATH <b>Feb. 6, 1953</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 2, 1867</b>		9. AGE (in years last birthday) <b>85</b> Months <b>8</b> Days <b>4</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <b>Ireland</b>				12. CITIZEN OF WHAT COUNTRY? <b>4</b>			
13a. FATHER'S NAME <b>Patrick Raftery</b>			13b. MOTHER'S MAIDEN NAME <b>Harriet Kelly</b>			14. NAME OF HUSBAND OR WIFE <b>Jeremiah</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mary M. Callahan</b>			
				ADDRESS <b>1223 Blackstone</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>Arteriosclerosis (femoral)</b> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> <b>20 yr</b> <b>20 yr</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>no</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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? <b>334X</b>			
22. I hereby certify that I attended the deceased from <b>Jan. 1953</b> , to <b>Feb 6, 1953</b> , that I last saw the deceased alive on <b>Feb 6, 1953</b> , and that death occurred at <b>7:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. M. J. Langhafer, M.D.</b>				23b. ADDRESS <b>5802 Pyramont Ave, St. Louis, Mo.</b>		23c. DATE SIGNED <b>Feb 7/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify): <b>Burial</b>		24b. DATE: <b>2/9/53</b>		24c. NAME OF CEMETERY OR CREMATORY: <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State): <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 9 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Hall</b>		ADDRESS <b>1225 Union</b>	

(Licensed Embellisher'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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 3505 Oakdale

St. Louis 20, 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.