

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6008**  
Registrar's No. **1207**

FILED MAR 4 1954

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

|  |                                |  |  |   |   |
|--|--------------------------------|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>St. Louis Mo</b>  |                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN   |                                | c. LENGTH OF STAY (In this place)  | c. CITY (If outside corporate limits, write RURAL and give township):<br>OR<br>TOWN<br><b>St. Louis</b>                            |   | d. STREET ADDRESS (If rural, give location)<br><b>11 1216 E. North Market</b>       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>4216 E. N. Market</b>  |                                |  | d. STREET ADDRESS (If rural, give location)<br><b>11 1216 E. North Market</b>  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><b>Edward</b><br>b. (Middle)<br><b>Callaway</b><br>c. (Last)   |                                |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Feb 4 1954</b>  |   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Col</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                               | 8. DATE OF BIRTH<br><b>July 29 1885</b>  |   | 9. AGE (In years last birthday) Months Days Hours Min.<br><b>68</b>                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>  |                                | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Unknown</b>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>Yes</b>  |
| 13a. FATHER'S NAME<br><b>Callaway</b>  |                                | 13b. MOTHER'S MAIDEN NAME<br><b>Alice Young</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs Mary Callaway</b>                           |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                | 16. SOCIAL SECURITY NO.<br><b>No</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs Mary Callaway 4216 E North Market</b>  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>MEDICAL CERTIFICATION</b>  |                                |  |  |   |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerotic Heart Disease</b> <b>Sys</b>   |                                |  |  |   |   |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |                                |  |  |   |   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Virus Infection G.I. Tract</b>  |                                |  |  |   |   |
| DUE TO (c)   |                                |  |  |   |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" 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?<br><b>0969</b>  |   |   |
| 22. I hereby certify that I attended the deceased from <b>11-16-1953</b> , to <b>2-4-1954</b> , that I last saw the deceased alive on <b>2-4-1954</b> , and that death occurred at <b>12:05 P.M.</b> , from the causes and on the date stated above. |                                |  |  |   |   |
| 23a. SIGNATURE<br><b>Russell H. White, M.D.</b>  |                                |  | 23b. ADDRESS<br><b>2424 N. Sarah St.</b>   |   | 23c. DATE SIGNED<br><b>9-5-54</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 24b. DATE<br><b>2/8/54</b>     | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Mo</b>       |   |
| DATE REC'D BY LOCAL REG.<br><b>FEB 8 1954</b>  |                                | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Herman J. Smith 4247/w Labadie</b> |   |

(Licensed Embalmer's Statement on Reverse Side)

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

100-111

**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 W. Claude Gardner

Licensed Embalmer No. 3489

P. O. Address 45-75 Aldine

**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.