

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 198

1. PLACE OF DEATH
a. COUNTY JEFFERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) RURAL - MERAMEC c. LENGTH OF STAY (in this place) 7 YR. 1948

c. CITY OR TOWN ST. LOUIS d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY e. STREET ADDRESS (If rural, give location) 449 LAUREL

3. NAME OF DECEASED
a. (First) Joseph b. (Middle) _____ c. (Last) CALLAHAN

4. DATE OF DEATH (Month) (Day) (Year) OCT. 15, 1955

5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE

8. DATE OF BIRTH NOV. 16, 1878 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months 10 Days 29 IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COLLECTOR 10b. KIND OF BUSINESS OR INDUSTRY CLOTHING CO.

11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME JAMES CALLAHAN 13b. MOTHER'S MAIDEN NAME MARY LALVY 14. NAME OF HUSBAND OR WIFE SINGLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN

16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT'S SIGNATURE AND NAME AND ADDRESS Ruth Jiras 438 Calvary Cemetery St. Louis, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ARTERIOSCLEROSIS
ANTECEDENT CAUSES
DUE TO (b) HYPOSTATIC PNEUMONIA
DUE TO (c) CARDIAC INSUFFICIENCY
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4221

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8-26, 1948, to 10-14, 1955, that I last saw the deceased alive on 10-14, 1955, and that death occurred at 1:45 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Marden 23b. ADDRESS 4325 ROLAND BLVD. BERRANDY, ILL. MO. 23c. DATE SIGNED 10/10/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Oct. 18, 1955 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 10/22/1955 REGISTRAR'S SIGNATURE Ruth Jiras FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Arthur J. Donnelly, 3840 Lindell Blvd. St. Louis Mo

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 26 1955

NOV 2 1955

11012 8

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. S. Salton.....

Licensed Embalmer No. 467

P. O. Address 3840

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.