0.300
0.48

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

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18241

State File No. 4999

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

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): 50yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 605 Clara Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 605 Clara Ave. 205%

3. NAME OF DECEASED (Type or Print)
a. (First): Ellis
b. (Middle): Meyer
c. (Last): McCallister

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 9, 1885
9. AGE (In years last birthday): 71yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agency Owner
10b. KIND OF BUSINESS OR INDUSTRY: Willys Overland
11. BIRTHPLACE (City and State or Foreign Country): Sturgeon, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joneth McCallister
13b. MOTHER'S MAIDEN NAME: Mary Fretwell
14. NAME OF HUSBAND OR WIFE: Lillian Ann McCallister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 486-22-0806
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lillian Ann McCallister — ADDRESS: 605 Clara

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia	1 day
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Uremia,	3 days
DUE TO (c)	Chronic nephritis	1 year
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Complete surgical absence of stomach for gastric Carcinoma	3 years

19a. DATE OF OPERATION: 2-1-56
19b. MAJOR FINDINGS OF OPERATION: Intertrocanteric fracture left femur 592XH
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT ✓ (Specify) SUICIDE ___ HOMICIDE ___
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis ~~1511~~ Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 26 1956 9A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: slipped on kitchen floor

22. *I hereby certify that I attended the deceased from* July, 1953, *to* May 23, 1956, *that I last saw the deceased alive on* May 23, 1956, *and that death occurred at* 9A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel D Katz M.D.
23b. ADDRESS: 730 Hodiamont
23c. DATE SIGNED: 5/23/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 25, 1956
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAY 24 1956
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Alexander & Sons 6175 Delmar

S.P. (Licensed Embalmer'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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jas. E McCulloh

Licensed Embalmer No. 24

P. O. Address 6135 De

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.