

STANDARD CERTIFICATE OF DEATH

1851-1957

State File No.

5265

FILED JUN 14 1957

BIRTH NO. 42218-17

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY /			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 23 ST. JOHN'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 3319 ARSENAL			
3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY b. (Middle) MARGARET c. (Last) CALLAHAN		4. DATE OF DEATH 6 - 4 - 1957			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 6-3-1957	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME RAYMOND CALLAHAN		13b. MOTHER'S MAIDEN NAME DOLORES F. RUMR	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME RAYMOND B. CALLAHAN		ADDRESS 3319 ARSENAL			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis Fetalis ANTECEDENT CAUSES Erythroblastosis Fetalis MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 20 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 770.0		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 3, 1957, to June 4, 1957, that I last saw the deceased alive on June 4, 1957, and that death occurred at 2:30 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Michael Dulick		23b. ADDRESS 9012 Manchester		23c. DATE SIGNED 6-4-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-5-57		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.		DATE REC'D BY LOCAL REG. JUN 5 '57		REGISTRAR'S SIGNATURE Carl Smith MO Howard Michel 5990 Southwest	
25. FUNERAL DIRECTOR'S SIGNATURE Howard Michel		ADDRESS 5990 Southwest			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Not Embalmed - Howard*
Finney
Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.