

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019827

STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1517

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWN or TOWNSHIP only) CLAYTON Missouri OR TOWN Missouri		c. CITY OR TOWN St. Charles	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Cty. Hosp.		d. STREET ADDRESS 909 S. Benton	

3. NAME OF DECEASED (Type or print) WENDELL CALLAWAY			4. DATE OF DEATH 5 29 1959		
--	--	--	-----------------------------------	--	--

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/13/1903	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 6 Days 16	IF UNDER 24 HRS Hours Min.
--------------------	-------------------------------	---	------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rivet Heater	10b. KIND OF BUSINESS OR INDUSTRY Amer. Car Foundry	11. BIRTHPLACE (City and state or country) Marthasville, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	--	---	--

13a. FATHER'S NAME Samuel P. Calloway	13b. MOTHER'S MAIDEN NAME Mable Nelson	14. NAME OF HUSBAND OR WIFE Geraldine
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) None (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. unk.	17. INFORMANT Address Celester Calloway 1014 S. Benton
--	-------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IRREVERSIBLE SHOCK		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) MULTIPLE FRACTURES, LACERATIONS & CEREBRAL CONCUSSION	
	DUE TO (c) AUTO ACCIDENT.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Pedestrian - struck by auto
--	--

20c. TIME OF INJURY 8:20 a.m. Hour 5-29-59 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Mo. STATE Mo.
---	---	---	--

21. I attended the deceased from 5-29-1959 to 5-29-1959 and last saw him alive on 5-29-1959 Death occurred at 10:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE W.D. Kelly (Degree or title) M.D.	22b. ADDRESS 601 S. Brentwood, Clayton, Mo.	22c. DATE SIGNED 6-1-59
---	--	--	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/3/59	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) St. Charles, Missouri (State)
---	-------------------------	--	--

24. FUNERAL DIRECTOR Charles J. Gates ADDRESS 4107 Finney	25. DATE RECD. BY LOCAL REG. 6-3-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
---	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Rayton Swan*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.