

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016674

FILED VS MAY 13 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Christian Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>2139 Alfred</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) *Christian Hospital* Middle Last *2139*
Veronica Callahan

4. DATE OF DEATH Month *4* Day *29* Year *60*

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7-25-92</i>	9. AGE (last birthday) <i>67</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and State or country) <i>Ft. St. Philip La.</i>	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME *Wm. Robinson* 13b. MOTHER'S MAIDEN NAME *cooney* 14. NAME OF HUSBAND OR WIFE *Joseph E. Callahan*

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 Address *Jos. E. Callahan 2139 Alfred*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Small Intestinal Fistula* INTERVAL BETWEEN ONSET AND DEATH *14 days*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *Intestinal Obstruction* *21 days*

DUE TO (c) *P.O. Peritoneal Adhesions* *20 yrs.*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *Schizophrenia Epilepsy 956X 46*

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *4/11/60* to *4/29/60* and last saw her/him alive on *4/29/60*

Death occurred at *305 P* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Joshua E. Finan M.D.* 22b. ADDRESS *607 N. Grand Blvd. St. Louis, Mo.* 22c. DATE SIGNED *7/29/60*

23a. BURIAL, CREATION, REMOVAL (Specify) *Burial* 23b. DATE *May 2, 1960* 23c. NAME OF CEMETERY OR CREMATORY *Calvary Cemetery* 23d. LOCATION (City, town, or county) (State) *St. Louis Missouri*

24. FUNERAL DIRECTOR ADDRESS *Thomas J. Finan 1519 S. Grand Blvd* 25. DATE RECD. BY LOCAL REG. *MAY 2 1960* 26. REGISTRAR'S SIGNATURE *Carl Smith, M.D.*

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lawrence M. B. [Signature]

Licensed Embalmer No. 4375
P. O. Address St. Louis, 23.

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.