

FILED VS. MAY 18 1960

310

Primary Registration District No. 3058

Registrar's No. 102

STATE FILE NUMBER

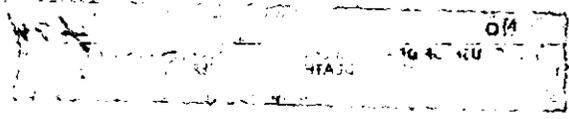
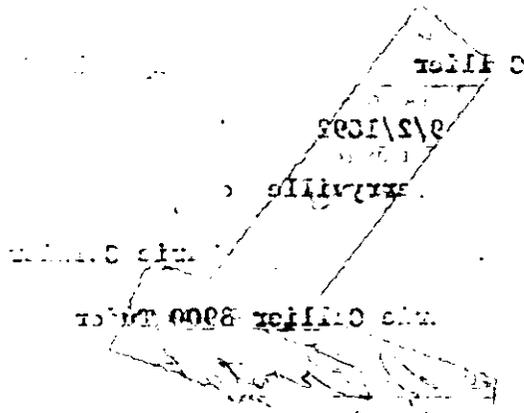
ENDED

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St Charles</b>		Length of stay in 1b <b>2 wks</b>		c. CITY OR TOWN <b>Overland</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Josephs</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>8900 Tudor</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Daniel</b> Middle <b>Callier</b> Last <b>Callier</b>				4. DATE OF DEATH Month <b>May</b> Day <b>6</b> Year <b>1960</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/2/1892</b>		9. AGE (last birthday) <b>67</b>	
IF UNDER 1 YEAR Months <b>6</b> Days <b>25</b>		IF UNDER 24 HR Hours <b>5</b> Min. <b>6</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired tool &amp; Die Maker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Mfg</b>	
11. BIRTHPLACE (City and state or country) <b>Perryville Mo</b>				12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Reuben Callier</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Gagnepain</b>			14. NAME OF HUSBAND OR WIFE <b>Marie Callier</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give War or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>498-05-1250</b>			17. INFORMANT Address <b>Marie Callier 8900 Tudor</b>			
18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Prostate</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6/25/58</b>		
DUE TO (b) <b>metastases to Central Nervous</b>							to <b>5/6/60</b>		
DUE TO (c) <b>Systems</b>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate cause of death (e.g., disease condition given in PART I (a)) <b>Generalized Arteriosclerosis</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour <b>10:45</b> a.m. <b>PM</b> Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>March 1949</b> to <b>May 6, 1960</b> and last saw him alive on <b>May 6, 1960</b> Death occurred at <b>10:45 PM</b> the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>William H. Gearhart, M.D.</b>				22b. ADDRESS <b>8711 St. Charles Rk Rd.</b>				22c. DATE SIGNED <b>5/7/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5/10/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) <b>St Louis Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>Ortmann F Home</b>				ADDRESS <b>9222 Lackland Overland Mo</b>		25. DATE RECD. BY LOCAL REG. <b>May 9-60</b>		26. REGISTRAR'S SIGNATURE <b>M. Rebecca Wilson</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



**STATEMENT BY LICENSED EMBALMER**

MAY 18

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 Al C Ostmann

Licensed Embalmer No. 3478

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.