WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17942

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 8515, Pennsylvania St. ..... Ward)

File No. 4138

Registered No. .....

2. FULL NAME Annie Callahan

(a) Residence, No. ..... St., 1 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John P Callahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1876

7. AGE: YEARS abt. 57 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

FATHER

13. NAME: Richard Langworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Anna Fell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mass

17. INFORMANT (ADDRESS): John P. Callahan 8515 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE May 10 1933

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und Co 3844 Lindell Bl

20. FILED MAY 9 1933 19 X F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932, to May 7, 1933

I last saw her alive on May 7, 1933 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

apoplexy unilateral left — Date of onset 12/5/32

Other contributory causes of importance: Hypertension — Dont Dy

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John C Cornell, M. D.

(Address) 5005 A Gravois

Dr J. Le Cornell
5005a Gravois
Rc 5475