

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27653**
Registrar's No. **7153**

REG'D SEP 14 1939 **791**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: **1003**

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4711 Ray Avenue *2*
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **60 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **34**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3930 California Ave.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. **60** years.

3. (a) PRINT FULL NAME **Mary A. Callahan 450**
 (b) If veteran, name war no. _____ (c) Social Security No. **no.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **15**
 year **1939** hour **12** minute **45** p. M.
 21. I hereby certify that I attended the deceased from **Aug 14**
 _____, 19**39**, to **Aug 15**, 19**39**
 that I last saw her alive on **Aug 15**
 and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**
 6. (b) Name of husband or wife **Patrick Joseph** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Unknown 1860**
(Month) (Day) (Year)

Immediate cause of death: **Apoplexy** **Stroke**
 Due to **Hardening of the arteries**
 Due to **Senility**
 Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

8. AGE: Years **79** Months **-** Days **-** If less than one day _____ hr. _____ min.

9. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John Daly**
 13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Wm. A. Callahan**
 (b) Address **4711 Ray Ave.**

17. (a) **Burial** (b) Date thereof **8/18/39**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Wm. A. Callahan**
 (b) Address **4016 Chippewa**

19. (a) **AUG 17 1939** (b) **J. J. Budnik**
(Date received local registrar) (Signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work _____
(Specify type of place) (e) Means of injury

23. Signature **Wm. A. Callahan** (M. D. or other) **M.D.**
 Address **5005 Francis** Date signed **Aug 17 1939**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address. 3528 Russell Pl

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 this body is not embalmed, above space should be left blank.