

Registration District No. 784 Primary Registration District No. 106

FILED FEB 3 1940

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Kirkwood, Mo.
 (c) Name of hospital or institution:
439 N. Kirkwood Rd
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

8. (a) PRINT FULL NAME James A. Callahan USA

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 14 1876
 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Andrew Callahan

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

14. Maiden name Catherine Lynch
 (City, town, or county) (State or foreign country)
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Callahan House
 (b) Address 439 N. Kirkwood Rd Kirkwood Mo

17. (a) Burial (b) Date thereof 2/1/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem, Kirkwood

18. (a) Signature of funeral director Louis H. Boyer

(b) Address 131 W Argonne Dr Kirkwood Mo

19. (a) JAN 31 1940 (b) E. R. Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 439 N. Kirkwood Rd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30
 year 1940 hour 11-10 minute 15 M.

21. I hereby certify that I attended the deceased from 1-11
1-11 1940 to 1-29 1940

that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary dilatation
fatal

Due to _____

Due to _____

Other conditions Coronary atherosclerosis
 (Include pregnancy within 3 months of death) chronic

Major findings: 93c

Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 injury)
 (e) Means of injury _____

23. Signature E. R. Meyer (M. D. or other) MD

*Address Kirkwood Mo Date signed 1/30/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

76
5
2

MOTHER FATHER

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.....

Louis H. Bopp

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

working under my personal supervision.

Signed.....

Louis H. Bopp

Licensed Embalmer No.....

921

P. O. Address.....

Kirkwood Mo

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.