

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2899

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution 2 1/2 hrs
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 419 1/2 Wash St.
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME John Callahan
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 16 year 1941 hour 5 minute 05 A.M.

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: 1860

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months Days If less than one day hr min

Immediate cause of death: Hypostatic pneumonia
Due to: at Boardman Hotel
Other conditions: About 11:00 AM

9. Birthplace: Illiana

10. Usual occupation: nil

11. Industry or business:

MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown
14. Maiden name: unknown
15. Birthplace: unknown

16. (a) Informant: James T. Johnson
(b) Address: 1300 Crafts

17. (a) (b) Date thereof: 5-27-41
(c) Place: burial or cremation: St. Louis

18. (a) Signature of funeral director: W. R. Rube

(b) Address: 2500 Rutledge

19. (a) APR - 2 1941 (b) J. P. Predeck

Major findings:
Of operations:
Of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence: Mar 11 1941
(c) Where did injury occur? St. Louis
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Public Place
(e) Means of injury: Fall
23. Signature: Alfred Perry (M. D. or other) 3
Address: Date signed: 3/26/41

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

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

161
00
17
19

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.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.