

No. 2
1-441
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16929**
Registrar's No. **4447**

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G. Phillips Hospital (1)**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
(Specify whether
In this community **30 years**
years, months or days)

3. (a) PRINT FULL NAME **Henry Callion**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **Negro** 6. (a) Single, ~~widowed~~, ~~married~~, divorced **Widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **27** years (Day) (Year) **1865**

7. Birth date of deceased **July** (Month) **27** (Day) **1865** (Year)
8. AGE: Years **75** Months **9** Days **12** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Eli Callion**
13. Birthplace **Unknown** (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (State or foreign country)

16. (a) Informant **Arthur M. Sherard**
(b) Address **2601 N. Whittier St.**

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof **5-19-41** (Month) (Day) (Year)
(c) Place: burial or cremation **Washington**

18. (a) Signature of funeral director **W. P. ...**
(b) Address **3500 ...**

19. (a) **MAY 27 1941** (Date received local health officer) (b) **J. F. ...** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **121**
(d) Street No. **2925 Lucas Avenue** (If rural, give location) **9**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **9**
year **1941** hour **8** minute **P.** M.

21. I hereby certify that I attended the deceased from **5-1-41** to **5-9-41**
that I last saw him alive on **5-9-41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** Duration **About 12 months**

Due to **Inguinal Hernia, Right**

Other conditions (Include pregnancy within 3 months of death) **Hb f**

Major findings: 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? _____

(Specify type of place) While at work? _____ (b) Means of injury _____
23. Signature **Henry Callion** (M. D. or other) **5-13-41**
Address **2601 N. Whittier St.** Date signed

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.