

FILED DEC 15 1942
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Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10249

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4108 Flad Avenue
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4108 Flad Avenue
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME James A. Callahan

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Sarah Burns 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 9 (Month) 7 (Day) 1867 (Year)

8. AGE: Years 75 Months 3 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Letter Carrier

11. Industry or business U. S. Gov't

MOTHER FATHER { 12. Name Cornelius Callahan
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
14. Maiden name Mary Harrigan
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Sarah Callahan

(b) Address 4108 Flad Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thos. J. Finan

(b) Address 1519 So. Grand

19. (a) DEC 8 1942 (Date received local registrar) (b) J. F. Briscoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7th year 1942 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from June 23, 1942 to Dec 7, 1942 that I last saw him alive on Dec 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
(senile changes)

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 9/2

Major findings: Of operations _____

Of autopsy none

Duration

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 place) (e) Means of injury _____

23. Signature Walter G. Kirchner (M. D. or other) Address 528 N. Grand Blvd Date signed 12/8/42

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

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.....

Thomas J. Fenner

.....
Licensed Embalmer No. *1197*

P. O. Address.....
St. Louis

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.