

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

FILED NOV 20 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38205
9892
Registrar's No. _____

Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County City of St. Louis
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8422 Minnesota 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 75 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary Callahan

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 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 Feb 25 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 17 hr. min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Thomas Callahan

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

14. Maiden name Mary Varly

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

16. (a) Informant Anna Callahan

(b) Address burial

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-13-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd

19. (a) NOV 12 1943 (Date received local registrar) J. F. Budek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
(c) City or town City of St. Louis 17
(If outside city or town limits, write "RURAL") 19
(d) Street No. 8422 Minnesota Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1943 hour 1 minute 15 P M.

21. I hereby certify that I attended the deceased from Sept 6
1943, to Nov 11 1943
that I last saw h. w alive on Nov 11, 43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carmay thrombosis Duration 1 day

Due to arteriosclerosis

Due to _____
Other conditions g.H
(Include pregnancy within 3 months of death)

Major findings: Of operations g.m
Of autopsy g.m

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 Mary Starbuck (M. D. or other) M.D.
Address 512 Dr. P.C. Date signed 11/11/43

EWPI

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..... *Virgil L. Berryman*
Licensed Embalmer No..... *4018*
P. O. Address..... *St. Louis, 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, fact should be so stated above.