

Primary Registration District No. **1003**

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

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... **Missouri** (b) County..... **St. Francois**  
(c) City or town..... **Elvins**  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **CALLAHAN, KATHRINE MARIE**  
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..... **August 7 1944**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **8** day **23**  
year **44** hour **1** minute **30 P.M.**  
21. I hereby certify that I attended the deceased from **8-21**  
19**44** to **8-23** 19**44**  
that I last saw h. **FR** alive on **8-23-** 19**44**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **diarrhea**  
Duration **2 days**

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

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace **Elvins Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**  
11. Industry or business  
12. Name **George E. Callahan**  
13. Birthplace **Bismarck Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ray Farmer**  
15. Birthplace **Flat River Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George Callahan**  
(b) Address **Elvins, Mo.**  
17. (a) **Burial** (b) Date thereof **8-26-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Bismarck, Missouri**  
18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**  
19. (a) **AUG 25 1944** (b) **J. Fredesch**  
(Date received local registrar) (Registrar's signature)

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)  
(c) Means of injury.....  
23. Signature **Gilbert B. Forbes** (M. D. or other)  
Address **505 S. King Highway** signed

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**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

*John T. Gonoski*

Licensed Embalmer No. *3398*

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.**