

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

Registration District No. **DECA 1945**

Primary Registration District No. **2002**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **University City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**7032 Kingsbury Blvd. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **35 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Margaret E. Callahan**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **F. /** 5. Color or race **W. /**

6. (a) Single, widowed, married, divorced **W. /**

6. (b) Name of husband or wife **Edward A. Callahan**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Nov. 19th., 1855**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>90</b>	<b>0</b>	<b>6</b>	hr. min.

9. Birthplace **Ill. /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Unknown Dunn**

13. Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Fortune**

15. Birthplace **Ireland 11**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. James G. Callahan**

(b) Address **7032 Kingsbury Blvd.**

17. (a) **Burial** (b) Date thereof **11-29-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Russell**  
**3840 Lindell Blvd.**

(b) Address \_\_\_\_\_

19. (a) **11-29-45** (b) **E. J. McFarren M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis 96**

(c) City or town **University City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **7032 Kingsbury Blvd.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **25th**  
year **1945** hour **1:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **about 2 1/2 years ago**, to **Nov. 25, 1945**  
that I last saw her alive on **Nov. 24th, 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **several years**

Due to **9:30**

Due to **1316**

Other conditions **chronic nephritis**  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury **0** **NP**

23. Signature **E. J. McFarren** (M. D. or other) **MD**

Address **134 N. Grand Ave** Date signed **11/29/45**

NO. 1038 OCT 15 1974

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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.