S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6159

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2296

WRITE PLAINLY—USING 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: Mo Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4278 Holly Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lois Jean Callanan

3. (b) If veteran, name war

3. (c) Social Security No.

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 March (Month) 1. (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 5 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Albert M. Callanan
13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bernice M. Weissenborn
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Albert M. Callanan
(b) Address 4278 Holly Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) ~~MAR 8 1948~~ (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5. year 1948 hour 8. minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar 1, 1948 to Mar 5, 1948; that I last saw her alive on Mar 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration broncho pneumonia

Due to Anoxemia

Due to Knot in umbilical cord

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (e) Means of injury

23. Signature C H Kilker (M. D. or other)

Address 3121 N Grand Date signed 3/6/48

Jefferson City Printing Co.
MAR 7 1948

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph C. Linder

Licensed Embalmer No. 4275

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.