FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39694

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4409

1. PLACE OF DEATH
a. COUNTY: St. Louis,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (in this place): 26 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vet. Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~[illegible]~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4567a Adelaide Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): J.
c. (Last): CALLAHAN, Jr.

4. DATE OF DEATH (Month) (Day) (Year): November 14, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married-Sepr.
8. DATE OF BIRTH: March 24, 1896
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James J. Callahan, Sr.,
13b. MOTHER'S MAIDEN NAME: Genevieve DuMont
14. NAME OF HUSBAND OR WIFE: Grace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hospital Records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTRACRANIAL TUMOR, RIGHT PARIOTO-TEMPORAL REGION — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
237X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
237X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
VA
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 19, 1949, *to* Nov. 14, 1949, ~~that I last saw the deceased alive on~~ *and that death occurred at* 12:25 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE L. E. Stilwell (Degree or title): L.E. Stilwell, M.D. Chf. Prof. Services
23b. ADDRESS: Vet. Adm. Hosp. Jeff. Bks. Mo.
23c. DATE SIGNED: 11/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/49
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): St. Louis Mo/

DATE REC'D BY LOCAL REG.: Nov. 15, 1949
REGISTRAR'S SIGNATURE: Herbert R. Domka, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Sullivan Funeral Home, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert L. Brinkem

Licensed Embalmer No. 3523

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.