

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25637**  
Registrar's No. **6290**

FILED JUL 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>2039</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis /</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6459 Southwest Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>3 6459 Southwest Ave.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOSEPH</b>	b. (Middle) <b>F.</b>	c. (Last) <b>CALLAHAN</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>Jun. 30 1952</b>
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>	8. DATE OF BIRTH <b>March 28, 1882</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector-Scullin</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Co.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>John J. Callahan</b>	13b. MOTHER'S MAIDEN NAME <b>Anna O'Connor</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Callahan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Grace Callahan 6459 Southwest Ave.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic Heart Disease</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>416X</b>
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22. I hereby certify that I attended the deceased from **March, 1948**, to **June, 1952**, that I last saw the deceased alive on **June 19, 1952**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Martin W. Davis, M.D.</b>	(Degree or title)	23b. ADDRESS <b>539 N. Grand Blvd</b>	23c. DATE SIGNED <b>7/1/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 0</b>	24b. DATE <b>July 3, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUL 1 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Specimen at time of death.

**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, *Richard W. Storrs*

Licensed Embalmer No. *4007*

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.**