No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29301

BIRTH NO. FILED SEP 3 - 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7859

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis. O
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Pac. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: 2 2/3
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo
d. STREET ADDRESS (If rural, give location): 20 2520 W University St

3. NAME OF DECEASED (Type or Print)
a. (First): Glennon
b. (Middle):
c. (Last): Callanan

4. DATE OF DEATH (Month) (Day) (Year): 8-17-52

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-5-1917
9. AGE (In years last birthday): 35 — 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): Mail Handler-Term.
10b. KIND OF BUSINESS OR INDUSTRY: R.R.
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo. O
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Patrick Callanan
13b. MOTHER'S MAIDEN NAME: Gertrude Kircher
14. NAME OF HUSBAND OR WIFE: Leona Callanan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 498-09-2493
17. INFORMANT'S SIGNATURE OR NAME: Leona Callanan — ADDRESS: 2520 W. Univers[illegible] (ITY ST)

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) Subdural Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — suffered following injuries

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) sustained in collision between car operated by one Mr Dudley

DUE TO (c) [illegible] car operated by unknown person at this time on Bridge between Cape Girardeau Mo and Gale Ill, exact time unknown

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

19a. DATE OF OPERATION: apr 12 1952
19b. MAJOR FINDINGS OF OPERATION: Cause & Manner could not be determined
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bridge
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): between Cape Girardeau Mo & Gale Ill
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): apr 12 52 ? m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 016 E 8164

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 2301 *m., from the causes and on the date stated above.* 26

23a. SIGNATURE (Degree or title): Patrick E Taylor Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 8-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial O
24b. DATE: 8-20-52
24c. NAME OF CEMETERY OR CREMATORY: Calvery. Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: AUG 19 1952
REGISTRAR'S SIGNATURE: J Carl Smith M.D. mgb
25. FUNERAL DIRECTOR'S SIGNATURE: Goodhart-Goodhart — ADDRESS: 2228 St. Louis Av[illegible]

(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 _____, Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed John J. Warren

Licensed Embalmer No. 4108

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.