

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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 **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **349 Christian Ave.** e. STREET ADDRESS (If rural, give location) **349 Christian Ave** **2087**

3. NAME OF DECEASED (Type or Print) a. (First) **JOHN** b. (Middle) **L.** c. (Last) **Callahan** 4. DATE OF DEATH (Month) (Day) (Year) **October 9th, 1954**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **December 9th, 1888** 9. AGE (In years last birthday) **65** 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) **cook** 10b. KIND OF BUSINESS OR INDUSTRY **Restaurant** 11. BIRTHPLACE (City and State or Foreign Country) **Ironton, Mo** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **G. Callahan** 13b. MOTHER'S MAIDEN NAME **Carrie Henson** 14. NAME OF HUSBAND/OR WIFE **Beatrice Callahan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **yes WW I** 16. SOCIAL SECURITY NO. **498-05-3534** 17. INFORMANT'S SIGNATURE OR NAME **Beatrice Callahan** ADDRESS **349 Christian Ave**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Lobar pneumonia** INTERVAL BETWEEN ONSET AND DEATH **14 days**  
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) **Cerebral hemorrhage** **5 months**  
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  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) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **49 ox**

22. I hereby certify that I attended the deceased from **Aug 12, 1954** to **Oct 9, 1954**, that I last saw the deceased alive on **Oct 8, 1954**, and that death occurred at **2:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Lola P Morris** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **7210 S. Broadway** 23c. DATE SIGNED **Oct 11-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Oct 12th, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **OCT 11 1954** REGISTRAR'S SIGNATURE **J. Carl Smith MO** 25. FUNERAL DIRECTOR'S SIGNATURE **DIEDRICH FUNERAL HOME** ADDRESS **8319 Hallsferry**  
(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.....  
Signature of Student Embalmer

Signed *John J. Haines*.....  
Licensed Embalmer No. *711*.....  
P. O. Address *St. Paul*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.