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FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27509

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1003

State File No.

Registrar's No. 6775

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 St. John's Hospital
e. STREET ADDRESS (If rural, give location) 1372 Granville Pl. 20690

3. NAME OF DECEASED (Type or Print)
a. (First) Daniel b. (Middle) _____ c. (Last) Callahan
4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 27, 1866 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retire Fireman
10b. KIND OF BUSINESS OR INDUSTRY St. Louis Fireman Dept.
11. BIRTHPLACE (City and State or Foreign Country) Ireland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Callahan 13b. MOTHER'S MAIDEN NAME Ellen Callahan 14. NAME OF HUSBAND OR WIFE Anne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Mrs. Anne Callahan ADDRESS 1372 Granville

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Ischemic~~ Bronchial Pneumonia
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 2 days

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) 491X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 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 2-16-55, 19, to 8-2-55, 19, that I last saw the deceased alive on 8-2-55, 19, and that death occurred at 4:15P m., from the causes and on the date stated above.

23a. SIGNATURE E.A. Bowdler M.D. (Degree or title) 23b. ADDRESS 634 N. Grand 23c. DATE SIGNED 8-4-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/5/55 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. AUG 4 1955 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Chas. F. Stuart ADDRESS 1225 Union Bl.

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

(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.....
Signature of Student Embalmer

Signed *Melvin J. Kennedy*.....

Licensed Embalmer No. *40*

P. O. Address *3505-C
St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.