

FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

478505
STATE FILE NUMBER
12672
Registrar's No.

Registration District No. 318 Primary Registration District 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, give TOWNSHIP only) TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 25 HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb 6 Yrs.		d. STREET ADDRESS (If outside, give location) 2670 1832 a Benton St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Delbert W. Middle William Last Callahan				4. DATE OF DEATH Month December Day 29 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 3, 1926		9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dock Hand			10b. KIND OF BUSINESS OR INDUSTRY Motor Freight		11. BIRTHPLACE (City and state or country) Walnut Ridge, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nathaniel Callahan			13b. MOTHER'S MAIDEN NAME Emma B. Jones		14. NAME OF HUSBAND OR WIFE Wanda Callahan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W. W. II			16. SOCIAL SECURITY NO. 430-36-6001		17. INFORMANT Address Mrs. Wanda Callahan 1832 a Benton St.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Injury. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) E9040 DUE TO (c) 21						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Signatures of injury in PART I or PART II of item 18.) apparently suffered in fall at called yard at 1832 Benton on December 28th, 1957 about 700pm				
20c. TIME OF INJURY 7:00 p.m. 12 28 57			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 26 yard		20e. CITY, TOWN, OR LOCATION St. Louis COUNTY Mo STATE		
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>							
21. I attended the deceased from 9:18 p.m. and last saw her alive on 9/18 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Patrick F. Taylor Coroner				22b. ADDRESS 1300 Clark			22c. DATE SIGNED 12.31.57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE January 2, 1958	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave				25. DATE RECD. BY LOCAL REG. DEC 31 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

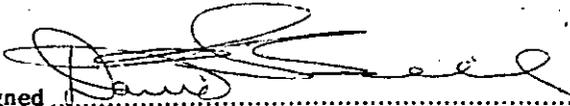
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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  _____

Licensed Embalmer No. 4320
P. O. Address St. Louis

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.