Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027696
STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1977

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kirkwood — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph Hospital — Length of stay in 1b 9days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Valley Park 4761 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5 Vance Re. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Mary Middle: Frances Last: Callahan
4. DATE OF DEATH Month, Day, Year: July 26, 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 24, 1903
9. AGE (In years last birthday): 55 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None At home
11. BIRTHPLACE (City and state or country): St. Louis County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: George W. Miller
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Farley
14. NAME OF HUSBAND OR WIFE: James R. Callahan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 498-22-0520
17. INFORMANT: Thomas L. Callahan, Address: Affton, Mo. Dr. 10707 Larkspur

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CA of Ovary with diffuse Metastasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hydronephrosis with Abscess of Kidney
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1750
19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June '58, to 7/26/58 and last saw her/him alive on 7:20 P.M. 7/26/58
Death occurred at 7:25 P.M. 7/26/58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. Edwards (Degree or title) M.D.
22b. ADDRESS 111 N. Taylor Kirkwood Mo
22c. DATE SIGNED 7/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7/29/58
23c. NAME OF CEMETERY OR CREMATORY: St. Patrick Cemetery
23d. LOCATION (City, town, or county) (State): Wentzville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Pfitzinger Mortuary, Kirkwood, Mo.
25. DATE RECD. BY LOCAL REG.: 7-28-58
26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

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.

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. .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.