

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002798  
STATE FILE NUMBER  
200

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 200

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY ST. LOUIS  
c. CITY OR TOWN Ferguson  
d. STREET ADDRESS 520 Ames

Inside Limits Yes  No   
Inside Limits Yes  No   
Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print)  
First Middle Last  
Laura B. Callahan

4. DATE OF DEATH  
Month Day Year  
1 6 1959

5. SEX Female  
6. COLOR OR RACE White  
7. MARRIED  NEVER MARRIED  WIDOWED  2 DIVORCED   
8. DATE OF BIRTH Oct. 13, 1876  
9. AGE (In years last birthday) 82  
10. UNDER 1 YEAR Months Days  
11. UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY Home  
11. BIRTHPLACE (City and state or country) New York, N.Y.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Evaristus Burkert  
13b. MOTHER'S MAIDEN NAME Mary Bequette  
14. NAME OF HUSBAND OR WIFE Thomas J. Callahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No  
16. SOCIAL SECURITY NO. None  
17. INFORMANT Address 7338  
Mrs. Harold Stirmlinger, Carleton Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease  
DUE TO (b) Arteriosclerosis generalized  
DUE TO (c) 420.0  
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.  
INTERVAL BETWEEN ONSET AND DEATH 7 days 12 yrs.

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  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 Month, Day, Year a.m. p.m.  
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 Death occurred at Jan 12, 1958 to Jan 6, 1959 and last saw her alive on Jan 6, 1959  
6:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M D Johnson M D  
22b. ADDRESS Ferguson MO  
22c. DATE SIGNED 1-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial  
23b. DATE 1/9/59  
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery  
23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.  
25. DATE RECD. BY LOCAL REG. JAN 8 59  
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57 0  
10  
37.

FEB 11 1959

Dr. Mitchell Johnson  
40 N. Florissant Rd.  
Ja 1-1302  
Hrs. 2-5 P.M.

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 *Warren A. Carve* .....

Licensed Embalmer No. *3534* .....

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.