

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-011877

AMENDED U Registration District No. 317 Primary Registration District No. 547 Registrar's No. 609 STATE FILE NUMBER

FILED VS MAR 14 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis County
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights, Mo. Length of stay in lb DAYS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Louis County
 c. CITY OR TOWN Normandy Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 7227 St. Andrews Drive. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
JOSEPH CALLAHAN March 2 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH July 2 1894 9. AGE (last birthday) 66
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY 10b. KIND OF BUSINESS OR INDUSTRY Practice of Law 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Timothy Callahan 13b. MOTHER'S MAIDEN NAME Mary Ann Noonan 14. NAME OF HUSBAND OR WIFE Helen Callahan (nee Crowley)

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 Address Mrs. Helen Callahan 7227 St. Andrews Drive.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Ventricular Tachycardia INTERVAL BETWEEN ONSET AND DEATH 3 minutes
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 10 yrs.
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Tuberculosis - well
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 3-2-61 2/26/61 to 3-2-61 and last saw him alive on 3-2-61
 Death occurred at 4:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John M. McCarty M.D. 22b. ADDRESS 4161 Lindell Blvd., St. Louis 8, 22c. DATE SIGNED 3-3-61

23a. BURIAL CREMATION, REMOVAL (Specify) REMOVED 23b. DATE March 14th 1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Mo,

24. FUNERAL DIRECTOR ADDRESS Henry Leidner, Inc. Co. 2223 St. Louis Ave. 25. DATE RECD. BY LOCAL REG. 3-3-61 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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.