

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

8405  
 Do not use this space.

REC'D APR 12 1939

791  
 1003

Registered No. **2170**

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City **St. Louis** (d) Street No. **Baptist Hospital** St.  
 (e) Length of residence in city or town where death occurred **79** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. **456 Sarah Callmeyer**  
**3431 A Juniata Str** St. **16**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louis Callmeyer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**About 79 Unknown**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Salt Lake City Utah**

FATHER  
 13. NAME **William Sturrock**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

MOTHER  
 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Charles B. Leebolt**  
 (ADDRESS) **5854 Wabada Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Mar. 7, 1939**

19. FUNERAL DIRECTOR (NAME) **Wm. C. Moydell**  
 (ADDRESS) **1926 Allen Ave.**

20. FILE **MAR 6 1939** **J. D. Brudick** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 5, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 3**, 19**39**, to **Mar 5**, 19**39**  
 I last saw her alive on **Mar. 4**, 19**39**. Death is said to have occurred on the date stated above, at **2 A.M.**

The principal cause of death and related causes of importance were as follows:

**Cerebral hemorrhage** Date of onset **Mar 3**  
**Chr. myocarditis?**  
**Cardiac failure about 2/20**  
**Debilities of age**

Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? **None.** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify.....  
 (Signed) **C. Hudson Talbot**, M. D.  
 (Address) **Metropolitan Bldg., St. Louis**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No. *8272*

P. O. Address *1926 Alh. Ave*

**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 this body is not embalmed, above space should be left blank.**