

MAY 11 1939

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

16135  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 780  
 (b) Township Rich Hyde Primary Registration District No. 111  
 or City Rich Hyde (d) Street No. St. Mary's Hospital Registered No. 770  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary A. Calkin  
 (a) Residence, No. 3608 Delor St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-1939

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 16 1939 to Apr 27 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1854  
 7. AGE YEARS 84 MONTHS 10 DAYS 10 If LESS than 1 day, hrs. or min.

I last saw her alive on Apr 27 1939 Death is said to have occurred on the date stated above, at 3 a.m.  
 The principal cause of death and related causes of importance were as follows:

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

General Arterio Sclerosis Date of onset  
Myocardial failure 3-10-39  
Auricular Fibrillation 3-10-39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

Other contributory causes of importance:  
93d 2

FATHER 13. NAME Patrick Calkin

Name of operation none Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

What test confirmed diagnosis? autopsy Was there an autopsy? yes

MOTHER 15. MAIDEN NAME Alice McHarkay

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Miss Eugenia Weber  
3608 Delor St

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 5-1-1939

Manner of injury  
 Nature of injury

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sechermeister & Co  
6322 S Grand Ave

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify

20. FILED APR 28 1939 W. Meyer Local Registrar

(Signed) Kerhusella  
 (Address) 410 Beaumont Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

*Dr. Bennett  
372 Washington*

**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, ~~Dr. Bennett~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Virgil L. Berryman*  
Licensed Embalmer No..... *4618*  
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 this body is not embalmed, above space should be left blank.**