U. S. No. 2
(—11-10-39
Rev. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
RECD FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 785

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 785

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 das (Specify whether years, months or days)
In this community 16 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 1117
(If outside city or town limits write "RURAL")
(d) Street No. 3059 Madison 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? O years.

3. (a) PRINT FULL NAME Anna Calvert

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Calvert

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan (Month) 14 (Day) 1888 (Year)

8. AGE: Years 53 Months Days 6 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Miss (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name S. L. Jernagan
13. Birthplace unknown (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Bettie — unknown
15. Birthplace unknown (City, town, or county) — (State or foreign country)

16. (a) Informant George Calvert
(b) Address 3059 Madison St

17. (a) Burial (Burial, cremation, or removal)? (b) Date thereof 1-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director Ellis Fun. Home
(b) Address 2820 Stoddard St

19. (a) JAN 24 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20 year 1941 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from January 2, 1941, to January 20, 1941; that I last saw her alive on January 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease — Duration 2½ yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury O

23. Signature Ellis Funeral Home (M. D. or other)
Address 2601 N Whittier Date signed 1-21-41

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. Boyf

....., Registered Apprentice No. Mu

working under my personal supervision.

Signed Lonnie Boyfin

Licensed Embalmer No. 29

P. O. Address St Louis M

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.