

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 20303
Registrar's No. 5115

Registration District No. 791
Primary Registration District No.

1. PLACE OF DEATH:
(a) County ST. LOUIS MISSOURI
(b) City or town CITY SANITARIUM
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 MO 12 DAYS
(Specify whether
In this community 14 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST LOUIS MO 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 3936 S LAFAYETTE 9
(If rural, give location)
(e) If foreign born, how long in U.S.A? 0 years.

3. (a) PRINT FULL NAME GEORGE H. CALVIN
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

20. DATE OF DEATH: Month June day 21
year 1941 hour 4:35 minute P M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
7. (b) Name of husband or wife BESSIE CALVIN THOMPSON 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased MAY 14 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 1 7 _____ hr. _____ min.

Immediate cause of death
Branches Pyramidal
substantive pyramidal
arterio-sclerosis
Due to _____
Due to _____

9. Birthplace SALINA KANSAS
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within _____ months of death)
g3a
Major findings:
Of operations g2a
Of autopsy _____

10. Usual occupation CONTRACTOR
11. Industry or business BUILDER

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN UNKNOWN
15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

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

16. (a) Informant Frank E. Calvin
(b) Address 3936 S Lafayette

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? _____

17. (a) Burial (b) Date thereof 6-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Set. Burial Park

18. (a) Signature of funeral director Mr. J. Robert
(b) Address 1905 S Grand Blvd.

While at work? _____ (Specify type of place) (or) Means of injury 3
23. Signature W. H. Berry (M. D. or other)
Address Keokuk, Iowa Date signed 6/23/41

19. (a) JUN 23 1941 (b) J. H. Bredner
(Official seal and registration) (Registrar's signature)

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

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.....

John Ketter

Licensed Embalmer No. *3880*

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, fact should be so stated above.