

1. PLACE OF DEATH:

(a) County .....  
 (b) City or town. St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Honer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 2 days  
(Specify whether  
 In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 17  
 (c) City or town. St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3329 Delmar  
(If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country. 0

3. (a) PRINT FULL NAME Lucy Calloway

3. (b) If veteran, name war. ? 3. (c) Social Security No. ?

4. Sex. Female 5. Color or race. Colored 6. (a) Single, widowed, married, divorced. Single  
 6. (b) Name of husband or wife. Fern Calloway 6. (c) Age of husband or wife if alive. 38 years  
 7. Birth date of deceased. April 5, 1905  
(Month) (Day) (Year)

8. AGE: Years 36 Months 19 Days 27 If less than one day ..... hr. .... min.

9. Birthplace. Offallon, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housework

11. Industry or business. At Home

12. Name. Granville Stewart

13. Birthplace. Offallon, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name. Jessie Abington

15. Birthplace. Offallon, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant. Cornelle Pearson  
 (b) Address. 6105 Pershing Ave.

17. (a) Burial (b) Date thereof. 4-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Offallon, Mo.

18. (a) Signature of funeral director. McDawell  
 (b) Address. 17th N. Taylor Ave.

19. (a) APR 4 1942 (b) J. F. Bledsoe  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2, year 1942 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 31, 1942 to April 2, 1942; that I last saw her alive on April 2, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death. Ruptured Left Tubo-ovarian abscess with generalized peritonitis

Due to. Uterine Myoma  
Abscess from Myoma  
 Due to. Non malignant

Other conditions. 13 yrs  
(Include pregnancy within 3 months of death)

Major findings: 13 yrs  
 Of operations. 13 yrs  
 Of autopsy. 13 yrs

Duration  
4 days

3 yrs.

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?

While at work? ..... (Specify type of place)  
 (e) Means of injury ..... 0

23. Signature. M. E. Powell (M. D. or other) 0  
 Address. 2601 N. Skuttler Date signed 4/3/42

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

00  
17  
9

MOTHER FATHER

844

**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.....

*William C. McDowell*, Registered Apprentice No.....  
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address.....

**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.**