4637
S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25732

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6854

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1Mo. 29Days (Specify whether years, months or days)
In this community Birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1920a East Grand Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elfreida R. Calloway
3. (b) If veteran, name war None
3. (c) Social Security No. 487-14-3789
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased March 1, 1896 (Month) (Day) (Year)
8. AGE: Years 46 Months 5 Days 11 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Shaker
11. Industry or business Landau Towel Company
MOTHER FATHER
12. Name George Berding
13. Birthplace St. Charles (City, town, or country) Missouri (State or foreign country)
14. Maiden name Minnie Kessling
15. Birthplace St. Charles, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Claude C. Calloway
(b) Address 1920a East Grand Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) AUG 14 1942 (Date received local registrar) (b) J. F. Medesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12, year 1942 hour 7:45 minute P. M.
21. I hereby certify that I attended the deceased from June 24, 1942 to August 12, 1942; that I last saw her alive on August 12, 1942; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Infarct of right Lung
Due to Rheumatic Heart disease
Due to
Other conditions Left sided Hemiplegia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Softening of r. Brain due to embolism. Infarct of r. lung.

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
23. Signature (M. D. or other)
Address 1515 Lafayette Ave. Date signed 8/13/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

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.