

FILED NOV 10 1943 318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9192

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:  
Homer G. Phillips Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months, 26 days  
(Specify whether

In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17 21  
9 21

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 3134 Easton  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Calvin Yovell

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male 5. Color or race 2 Colored 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased February 29, 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 7 21 hr. min.

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

10. Usual occupation.....

11. Industry or business Unknown

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith  
(b) Address 2601 N. Whittier

17. (a) Autosomal (Burial, cremation, or removal) (b) Date thereof 10/25/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington D.

18. (a) Signature of funeral director W. K. Rader  
(b) Address 2500 Pittman St

19. (a) OCT 28 1943 (Date received local registrar) J. F. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20,  
year 1943 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from March  
24, 1943, to October 20, 1943  
that I last saw him alive on October 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis Duration Indef.

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?.....

While at work?..... (Specify type of place)

23. Signature W. J. Evers (M. D. or other)

Address 2601 Whittier Date signed 10/25/43

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

9492

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**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.....

Licensed Embalmer No.....

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.**