

FILED DEC 17 1946 318

1003

State File No.

Registrar's No.

10314

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Rock Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 1038 Charleville
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Nola E. Calvert

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William P. Calvert

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Nov. 3, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 28
If less than one day
hr. min.

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Jahn Shotwell

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Fred Holmes

(b) Address 1038 Charleville, Rock Hill, Mo.

17. (a) Burial (b) Date thereof Dec. 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem. Monarch, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) Date received for registration Dec 17 1946
(b) Registrar's signature J. F. Brueck
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11, year 1946 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from November 19 to December 1, 1946
that I last saw her alive on November 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Duration 3 weeks

Due to Coronary thrombosis

Due to Diabetes Mellitus
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 6/
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) (e) Means of injury

Signature Lois C. Hyatt (M. D. or other) M.D.
Address 124 E. 6th St. Richmond Date signed 12-2-46

DEC 3 1946

(Licensed Embalmer's Statement on Reverse Side)

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

41033

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 Keller

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.