

FILED MAR 6 1947
Registration District No. 317

Primary Registration District No. 6026

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Since 2-17-47
In this community 59 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 5140 Palm St.
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CALKINS, Edmund H.

3. (b) If veteran, name war World I 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 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 13, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>0</u>	<u>4</u>	hr. min.

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

10. Usual occupation Linotype Operator

11. Industry or business _____

12. Name Edmund H. Calkins

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

14. Maiden name Urvotet Hedge

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

16. (a) Informant Registrar, Vet. Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) burial (b) Date thereof 2/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Drehmann-Harral Und. Co.

(b) Address 1905 Unkon, St. Louis, Missouri

19. (a) 2-24-47 (b) Ruth J. Allen, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 17,
year 1947 hour 10:35 minute P M.
21. I hereby certify that I attended the deceased from February 17, 1947 to February 17, 1947;
that I last saw him alive on February 17, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS WITH VENTRICULAR TACHYCARDIA
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation
Of autopsy Autopsy performed (See Cause of Death)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (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 L. E. Stilwell (M. D. or other)
Address L. E. STILWELL, M.D., Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 2-17-47

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

APR 10 1947

MAR 6 1947

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: *Robert R. Thompson Jr.*

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 7356
Local Registrar's No. 380

State of California }
County of Los Angeles } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13th day of May, 1947, before me appears.....

Ruth Marie Calkins, who, upon her oath, states that the original record of ^{birth} ~~death~~

for Edmund Harvey Calkins, Jr. died Feb. 17, 1947 ^{born} 13, 1888, 19....., in the State of Missouri, and which was filed at Jefferson City on Mar. 6, 1947 should be corrected as follows:

Item No. 3(c) should read 489-01-1478 489-01-1478

Instead of "Unknown" "Unknown"

Item No. 6(a) should read Divorced Divorced

Instead of "Single" "Single"

Item No. 13 should read Elizabethtown New York

Instead of "Unknown" - Ohio (Elizabethtown, New York)

Item No. 15 should read Coshocton, Coshocton County, Ohio

Instead of "Unknown" Iowa (Coshocton County, Ohio)

Item No. 18(f) should read 1905 North Union Blvd. (North Union Blvd.)

Instead of 1905 Union (1905 North Union Blvd.)

Item No. 3(a) should read Calkins, Edmund Harvey Jr.

Instead of Calkins, Edmund H.

Item No. 10 should read ~~XXXXXXXXXXXX~~

Instead of ~~XXXXXXXXXXXX~~ ~~XXXXXXXXXX~~

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ruth Marie Calkins Sister
Relationship.
238 1/2 South Union Avenue
Los Angeles 26, California.
Present Address.

Subscribed and sworn to before me this 13th day of May, 1947.

My Commission expires.....
Malvina Fendley Notary Public.
My Commission Expires Jan. 29, 1957

1961 - 2 APR -

S-7356