

No. 2
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5-17-39
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FILED OCT 24 1947 318
Registration District No.

Primary Registration District No. 1003

State File No. 9463
Registrar's No.

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Florissant 10
(If outside city or town limits, write "RURAL")
(d) Street No. 153 Washington 0
W.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3. (a) PRINT FULL NAME E. HOWARD CALVERT

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma (Toettcher) Calvert 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased November 16 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 24
hr. min.

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

10. Usual occupation Night Supervisor

11. Industry or business Yellow Taxi Cab Co.

12. Name Charles E. Calvert

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

14. Maiden name Lulu Kennedy

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

16. (a) Informant Mrs. Emma Calvert

(b) Address 153 Washington, Florissant,

17. (a) Burial (b) Date thereof 10/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Kraeger-Voss, Inc.

(b) Address 3402 No. Kingshighway

19. (a) OCT 14 1947 (b) J. F. Bradee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 30th
47, to Oct 10, 1947
that I last saw him alive on Oct 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 18hr
Cerebral arteriosclerosis

Due to Carcinoma of rectum 4mo.

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of rectum
Of autopsy none

Duration
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) (c) Means of injury

23. Signature J. F. Bradee (M. D. or other)
Address St. Peter Date signed 10-13-47

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 *J. W. Wilkinson*

Licensed Embalmer No. *3575*

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.