

FILED JAN 16 1948

318

Primary Registration District No.

1003

71

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: **7128 Colorado Ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

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. **7128 Colorado**
(If rural, give location)
(e) Citizen of foreign country?..... **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **HENRY R. CALL**

3. (b) If veteran, name war..... 3. (c) Social Security No. **495-12-9132**

4. Sex..... **male** 5. Color or race..... **white**
6. (a) Single, widowed, married, divorced..... **married**
6. (b) Name of husband or wife..... **Alice Call**
6. (c) Age of husband or wife if alive..... **35** years
7. Birth date of deceased..... **February 17 1907**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	10	15br.....min

9. Birthplace..... **Mt. Vernon Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **machinist**

11. Industry or business..... **Essenmueller**

12. Name..... **John Call**

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

14. Maiden name..... **Matilda Parker**

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

16. (a) Informant..... **Alice Call**

(b) Address..... **7128 Colorado**

17. (a) **burial** (b) Date thereof..... **1-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mount Hope**

18. (a) Signature of funeral director..... **Fendler Und. Co.**

(b) Address..... **7420 Michigan**

19. (a) **JAN 5 1948** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan** day..... **2**
year..... **1948** hour..... **3** minute..... **A** M.

21. I hereby certify that I attended the deceased from..... **Dec 1**
....., 19**47**, to..... **Jan 2**, 19**48**;
that I last saw him alive on..... **Dec 30**, 19**47**;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
nephritis

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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.....

23. Signature..... **J. F. Brebeck** (M. D. or other)

Address..... **7116 Michigan** Date signed..... **1-7-48**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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.....

Wm. Sizemore

..... Licensed Embalmer No. *4343*.....

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.