

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

6160

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 1179

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:
Enroute City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community about 25 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2534 Montgomery St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George. N. Calvert
3. (b) If veteran, name war no
3. (c) Social Security No. 499-01-6575

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Calvert
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 9 7 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 25 hr. min.

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

10. Usual occupation nil

11. Industry or business

MOTHER FATHER
12. Name Charles Calvert
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lulu Kennedy.
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Calvert.
(b) Address 2534 Montgomery St.

17. (a) Burial (b) Date thereof 2-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Lordhart & Lordhart
(b) Address 2228 St. Louis, Mo.

19. (a) FEB 4 1948 (b) W. Decker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2
year 1948 hour 9 minute 15 p. M.

21. I hereby certify that I attended the deceased from 1940 to Feb 2 1948
that I last saw h. alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Crown Aneurysm
Due to Hypertension
Due to Paraplegia
Other conditions (Include pregnancy within 3 months of death) 1 year

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

23. Signature Ann Krall (M. D. or other)
Address 2116 21 Grand Date signed

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

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. 4053

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.