S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 24

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18192

Primary Registration District No. 3063

Registrar's No. 1319

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours 45 min. (Specify whether years, months or days)

In this community 24 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL")

(d) Street No. 1338 BANNEKER
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME BRUCE CALVEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race COL

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife AMELIA

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased 3 (Month) 22 (Day) 1897 (Year)

8. AGE: Years 51 Months 2 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace ? (City, town, or county) MISSISSIPPI (State or foreign country) 1

10. Usual occupation FOREMAN

11. Industry or business GENERAL REFRACTORIES

FATHER
12. Name LEONARD CALVIN
13. Birthplace COLUMBIA (City, town, or county) MISS. (State or foreign country) 1

MOTHER
14. Maiden name LIZZIE HAMPTON
15. Birthplace COLUMBIA (City, town, or county) MISS. (State or foreign country) 1

16. (a) Informant AMELIA CALVEN

(b) Address 1338 BANNEKER

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/1948 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Ave.

19. (a) 5-25-48 (Date received local registrar) (b) Earl A. Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20 year 1948 hour 1 minute 59 A.M.

21. I hereby certify that I attended the deceased from MAY 1-9, 1948, to MAY 20, 1948; that I last saw him alive on MAY 20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of Cerebral Vessel due to arteriosclerosis — Duration 5 hrs.

Due to Cor'l arteriosclerosis

Hypertensive Cardiovascular Disease

Due to

Other conditions Arteriolar Nephrosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy As noted above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. E. Weigel (M.D. or ~~other~~)

Address 801 S. Brentwood Date signed 5/20

(Licensed Embalmer's Statement on Reverse Side)

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 K Cunningham

Licensed Embalmer No. 4476

P. O. Address 407 7

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.