

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

3. (a) PRINT FULL NAME KATIE CALVERT
3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife WARDIE 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased JULY 14 1891
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation House-wife

11. Industry or business At Home

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Lena Pohl
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant WARDIE CALVERT

(b) Address 915 Rutger Street

17. (a) Burial (b) Date thereof 12-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 230 Lafayette Ave

19. (a) DEC 13 1948 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County own
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 915 Rutger Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th
year 1948 hour 11 minute 450 M.

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

Immediate cause of death Myocardial infarction Duration _____
Due to Myocardial infarction
Due to 925
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
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) (e) Means of injury 3
23. Signature Patrick P. Taylor (M. D. or other) _____
Address Deputy Coroner Date signed 12-15-48

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.....

W Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

2301 Lafayette

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.