

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6253

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No. 1260

Registrar's No. 1260

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|--|---------------------------|--|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. LENGTH OF STAY (In this place) 4 years | | e. STREET ADDRESS (If rural, give location) 1173 Laurel Street | | 2069 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1473 Laurel Street | | 3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) W. c. (Last) CALKINS. | | 4. DATE OF DEATH (Month) (Day) (Year) Feby 4, 1956 | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov 28, 1885 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Confectionary Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY Retired 4 years | | 11. BIRTHPLACE (City and State or Foreign Country) / Bloomington, Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME R. D. Calkins | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Lena Calkins | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. 494-22-3360 | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs Lena Calkins, 1173 Laurel Street. | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Vertical Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH 2-1-73 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 8-1, 1955, to 2-1, 1956 that I last saw the deceased alive on 2-1-56, and that death occurred at 7:10 P.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Thomas J. Toon D.O. | | 23b. ADDRESS 1506 H. Howard | | 23c. DATE SIGNED 2-6-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Feby 7, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | DATE REC'D BY LOCAL REG. FEB 6 1956 | | REGISTRAR'S SIGNATURE C. Smith Mo | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home, 1167 Hamilton Ave | | ADDRESS | | | |

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Harris*.....
Licensed Embalmer No. *418*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.