

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25708

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 7526
 City St. Louis (No. Mo. Bapt. Semi.) St. Ward.....

2. FULL NAME

Robert Lee Callardy
 (a) Residence. No. 9434 Chestnut St. 12 Ward. St. Louis Co. Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13-1928

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John L. Callardy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Marion Robert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. John L. Callardy
 (Address) 9434 Chestnut Ave

15. FILED 19 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1928

17. I HEREBY CERTIFY, That attended deceased from July 14th 1928 to July 21 1928, that I last saw him alive on July 20th 1928, and that death occurred, on the date stated above, at 4:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Internal Hemorrhage
165 (duration) yrs. mos. ds. 2
 CONTRIBUTORY (SECONDARY) Infectious Jaundice
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical findings
 (Signed) John J. [unclear], M. D.
 , 19 (Address) 6125th Burtmer

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem DATE OF BURIAL 7-23 1928

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Eastern

COPYING INFORMATION IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6125-00

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