

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

Do not use this space.

25748
7567

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 003

City St Louis (No. 4123^a De Sante

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence. No. 4123^a De Sante St. 17 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da.

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 23, 1913

7. AGE

YEARS 15

MONTHS -

DAYS -

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Harry L. Calvaid

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Estelle Carr

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

Harry L. Calvaid
4123^a De Sante

15.

FILED

JUL 23 1928

Max E. Standley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

July 23, 1928

17.

I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to July 23, 1928, and that I last saw h. er alive on July 23, 1928, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
chronic rheumatic heart disease
95E
95E several years (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

90E (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

Bonne Terre, Mo.

0 DID AN OPERATION PRECEDE DEATH.

Mo.

DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed)

clinical
Dr. W. J. Taylor, M. D.
723, 1928 (Address) St. Louis, Mo.

*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

DATE OF BURIAL

Farmington - Mo.

July 23, 1928

20. UNDERTAKER

Mullen and Co.

ADDRESS

5165 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS 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.

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