

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

Do not use this space.

24496

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 818 Clinton St)..... St. Ward)

File No.....
 Registered No. 6650.

2. FULL NAME

Elizabeth Calderon
 (a) Residence. No. 818 Clinton St St. 26 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 - 1854

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|--|
| | <u>76</u> | <u>1</u> | <u>22</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Orleans.
 (STATE OR COUNTRY)

| | |
|---------|--|
| PARENTS | 10. NAME OF FATHER <u>Wm. Huber</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>La. S.</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Don't know</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S.</u> |

14. INFORMANT Frank Ochs
 (Address) 818 Clinton St.

15. JUL 10 1930 FILED May C. K. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 = 1930
 17. I HEREBY CERTIFY, That I attended deceased from Sept 15 to July 8 1930 that I last saw her alive on July 8 1930, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxy (Hemorrhage of Brain) Chronic Myocarditis
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic nephritis & Myocarditis (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS? Permal & Stuegal (Signed) M. D.
79 .1930 (Address) 1901 Madison
 *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 Calvary. DATE OF BURIAL July 11 1930
 20. UNDERTAKER W. J. Leidner ADDRESS 1417 N. Market St.

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.

UCCL

12