

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshp..... Primary Registration District No. **1008**  
 City, St. Louis (No. 512, East Marceau)

**7394**

File No.....  
 Registered No. 1710  
 St..... Ward)

**2. FULL NAME**

(a) Residence, No. 212 E. Marceau St., 1 Ward.  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Calvert</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 12 - 1873</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>4</u>
		DAYS
		<u>26</u>
		IF LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Painter 19

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

(c) Name of employer.

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

10. NAME OF FATHER John Calvert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Lena Calvert  
 (Address) 212 E. Marceau

15. FILED 10 1931  
Max C. Starkoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-7-1931

17. I HEREBY CERTIFY, That I attended deceased from July 1924 to July 7, 1930 that I last saw h. e. alive on July 31, 1930 and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cerebral Hemorrhage  
Paralysis hemiplegia

CONTRIBUTORY (SECONDARY) Lungs  
 (duration) 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? Positive Kapsch  
 (Signed) Max C. Starkoff M. D.  
Feb 9, 1931 (Address) 512 Dover Place

\*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 New St. Marcus DATE OF BURIAL Feb 10 1931

20. UNDERTAKER Stucker Heldule ADDRESS 2331 S. Blvd.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

