

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

Do not use this space.

23339

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City St. Louis (No. City Hospital)..... St. Ward)
4327

File No.
Registered No. **6812**

2. FULL NAME

Paul Calvert
(a) Residence, No. 5115 Gates St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26, 1898

7. AGE.	YEARS	MONTHS	DAYS	if LESS than 1 day, hrs. or min.
	<u>52</u>	<u>6</u>	<u>24</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter & Paper
(b) General nature of industry, business, or establishment in which employed (or employer) 11
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

10. NAME OF FATHER Thomas F. Calvert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Musk 1

12. MAIDEN NAME OF MOTHER Annie Koopty

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

14. Hospital Information INFORMANT Elizabeth Hennepal (Address) City Hospital

15. FILED 1931 REGISTRAR W. C. Parker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1931

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1931, to June 19, 1931 that I last saw him alive on June 19, 1931, and that death occurred, on the date stated above, at 7:42 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculous Meningitis
(not epidemic)
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 24A
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 24
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? examined
(Signed) Halter & Kuhlman, M. D.
6/20/31 19 (Address) City Hospital

*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 St. Matthews DATE OF BURIAL 6-22 1931

20. UNDERTAKER McLaughlin ADDRESS 1631 Mo

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.

