

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

Do not use this space.

14260

1. PLACE OF DEATH

County _____ Registration District No. 481
Township _____ Primary Registration District No. _____
City Saint Louis (No. 3137) Marnice Place

File No. _____
Registered No. 3596
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3137 Marnice Place 10 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>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie Calhoun</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>abt 1867</u>		
7. AGE YEARS <u>abt 65</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bit Labor</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>3:7</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>South Carolina</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>31</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>William Calhoun</u> (ADDRESS) <u>3137 Marnice Place</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Pk</u> DATE <u>April 13th 1932</u>		
19. UNDERTAKER <u>Charles J. Gallo</u> (ADDRESS) <u>4107 Linnway Brown</u>		
20. FILED <u>APR 12 1932</u> <u>W. J. [Signature]</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 11 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 1932, to Apr 11, 1932.
I last saw him alive on Apr 10, 1932. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:
Apr 3 - 129
Pyelo-nephritis
Prostate
Other contributory causes of importance:
Chronic prostate by urinary retention due to enlarged prostate
Name of operation _____ Date of _____
What test confirmed diagnosis? 1314 Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932.
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. P. [Signature], M. D.
(Address) 219 So. Jefferson

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.

