

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

Do not use this space.

24088

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. **701**
City **St. Louis** (No. **City Hospital**)

File No.....
Registered No. **6143**
St. Ward)

2. FULL NAME

(a) Residence, No. **4751 Hammett Place** Wash. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **32** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 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 **Augusta Calman**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 8 - 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **clerk office**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **not known**

10. Date deceased last worked at this occupation (month and year) **not known** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Henry Calman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unkown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Hospital Informant**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Hirsch Cem.** DATE **July 2, 1932**

19. UNDERTAKER (ADDRESS) **Dehmann & Sons**

20. FILED **11 - 2 1932** **W. C. Stankov** Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 1st, 1932**

22. I HEREBY CERTIFY That I attended deceased from **June 13th 1932** to **July 1st 1932**
I last saw him alive on **July 1st 1932** Death is said to have occurred on the date stated above, at **2:48 a.m.**
The principal cause of death and related causes of importance were as follows:

Aberrant myocarditis
137
131/31
135A/31
Other contributory causes of importance: **Hypertension**

Name of operation **Supercortomy** Date of **6-23-32**
What test confirmed diagnosis? **biopsy** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
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 **no**
(Signed) **W. M. Macris** M. D.
(Address) **City Hospital**

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.

WHICH OWNS THIS IS A PERMANENT RECORD

