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.

APR 25 1934

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

Do not use this space.

File No. 11455

Registered No. 84

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 62480B

City Jefferson Barracks, Mo. (No. Station, Hospital St. Ward)

2. FULL NAME William A. Calhoun

(a) Residence, No. 309 S. Douglas St., St., Ward.

(Usual place of abode) Belleville, Ill. (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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: Years 64 — Months — — Days — — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Manufacturer

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) Cromwell, Conn.

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Major Love, Scott Field, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville, Ill. DATE 3-22- 1934

19. UNDERTAKER (ADDRESS) Philip L. Metzger, Belleville, Ill.

20. FILED Mch 19 1934 [illegible] M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1934 to March 19, 1934

I last saw him alive on March 19, 1934 Death is said to have occurred on the date stated above, at 5:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Uremia. (Cause of death)	
2. Nephritis, chronic, parenchymatous.	
3. Arterial hypertension, severe.	
4. Arterio-sclerosis, general, with cerebral arterio-sclerosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical 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

(Signed) Dewey St. John, Contract Surg., M. D.

(Address) Jefferson Barracks, Mo.