

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

FEB 8 1937 791
Registration District No.....
Primary Registration District No. **1003**
(No. 2705 Hickory)

File No. 4044
Registered No. 1087
St. Ward)

2. FULL NAME Sarah V. Calvin

(a) Residence, No. 2705 Hickory St., 22 Ward. (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 Female 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 Thomas Calvin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
84 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Illinois

13. NAME Stephen W. Parsons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Margaret Rausch

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

17. INFORMANT Sarah A. Meyers
(ADDRESS) 4656 a St. Ferdinand

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Jan. 27, 1937

19. UNDERTAKER D. Lehmann Harsal
(ADDRESS) 1905 Union Blvd
J. T. Bredeck

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24th 1937

22. I HEREBY CERTIFY That I attended deceased from Dec-28, 1936, to Jan. 24, 1937

I last saw her alive on Jan. 24, 1937 Death is said to have occurred on the date stated above, at 12:45 a. m.

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

Bronchial Pneumonia Date of onset 12/27/36

Other contributory causes of importance: 10/1

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? NO
If so, specify.....

(Signed) James M. H. S. M. D.
(Address) 19025

N. B.—Every item of information should be carefully supplied. Age should be stated exactly. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

2012/10/10
- 9410

3:50 AM 2-3, 6:30 PM 4:30