

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35784
Do not use this space.

1. PLACE OF DEATH **Nov 15 1937** **Donner G Phillips Hospital** 791
(a) County Registration District No. **1003**
(b) Township Primary Registration District No.
(c) City **Saint Louis** (d) Street No. **2601** N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **1** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9361**

2. PRINT FULL NAME **Victor McCallum**
(a) Residence, No. **3134 Lucas** St. **21**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 5, 1904**
7. AGE YEARS **33** MONTHS **7** DAYS **25** If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as 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) **Mississippi**
(STATE OR COUNTRY)

13. NAME **Grant McCallum**
14. BIRTHPLACE (CITY OR TOWN) **unknown**
(STATE OR COUNTRY)

15. MAIDEN NAME **Malissa Burgess**
16. BIRTHPLACE (CITY OR TOWN) **unknown**
(STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Greenwood Cem** DATE **11/10/37**

19. FUNERAL DIRECTOR **Gissie Toney**
(ADDRESS) **3129 Lucas Ave**

20. FILED **OCT 6 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 30**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 17**, 19**37** to **Sept. 30**, 19**37**

I last saw him alive on **Sept. 30**, 19**37** Death is said to have occurred on the date stated above, at **2:25** m. **p.m.**
The principal cause of death and related causes of importance were as follows:

Syphilis

Date of onset
9/17/37

Other contributory causes of importance:

Name of operation 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 **a. L. Lewis**, M. D.
(Signed) (Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, Clark Young, Licensed Embalmer No. 3371

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Clark Young

Licensed Embalmer No. 3371

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)