

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.

NOV 16 1938

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

33946
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City St. Louis (d) Street No. Balhesde Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nina Calhoun

(a) Residence, No. 3912 Bates St. 1
(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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 4 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Joseph Presswood

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

MOTHER
15. MAIDEN NAME Elizabeth Hoot

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

17. INFORMANT Mrs. Frank G.
(ADDRESS) 3912 Bates St.

18. BURIAL, CREMATION, OR REMOVAL TO PLACE Missouri, Ill DATE 10-13-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Und. Co.
6322 27 Grand

20. FILED OCT 13 1938 J. F. Budeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1938, to Oct 11, 1938

I last saw h. or alive on Oct. 11, 1938. Death is said to have occurred on the date stated above, at 7 A. m.

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

Carcinoma of head of pancreas, primary and gall bladder.
Secondary Arteriosclerosis
Other contributory causes of importance:
Cholelithiasis

Date of onset 1/38

Name of operation none Date of
What test confirmed diagnosis? Bugsy Was there an autopsy? yes

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 Max Starkhoff M. D.
(Signed) J. F. Budeck
(Address) 5-12 D men Pl

Dr. [unclear]
5-12-52

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Wilson Collins

or by _____

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

Signed *Wilson Collins*

Licensed Embalmer No. *3887*

P. O. Address *St. Louis, Mo*

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.)

If this body is not embalmed, above space should be left blank.