

ECJ NOV 16 1938

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

34158
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2139 A California** St.
 (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.

Registered No. **9144**

2. PRINT FULL NAME **L M Leroy Call Sr.**

(a) Residence, No. **2139 A California** St. **23**
 (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 **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 **Mary Call**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 24, 1879**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 9 24
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Painter**
 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) **Oxford**
 (STATE OR COUNTRY) **N.J.**

FATHER 13. NAME **Joseph J. Call**
 14. BIRTHPLACE (CITY OR TOWN) **Scranton**
 (STATE OR COUNTRY) **Pa.**

MOTHER 15. MAIDEN NAME **Larna Witner**
 16. BIRTHPLACE (CITY OR TOWN) **New Holland**
 (STATE OR COUNTRY) **Pa.**

17. INFORMANT **Mrs. Mary Call**
 (ADDRESS) **2139 A California**

18. BURIAL, CREMATION, OR REMOVAL
New St. Marcus Cm. DATE 10/21/38

19. FUNERAL DIRECTOR (NAME) **Weick Bros Undertaking**
 (ADDRESS) **2201 S. Grand Bl.**

20. FILED **OCT 21 1938** **J. T. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 18, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **4/20**, 1930, to **10/18**, 1938

I last saw h. i. m. alive on **10/18**, 1938 Death is said to have occurred on the date stated above, at **8:30 A.M.**

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

Carcinoma of bladder Date of onset 9/15/36
Peritonitis 10/16/38
Urinary

Other contributory causes of importance:

Name of operation **Coagulation** Date of **10/18/38**
 What test confirmed diagnosis? **Clinical & Lab.** 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) **P. M. Cruick** I. M. D.
 (Address) **3402 California**
St. Louis, Mo.

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.

*San Francisco
Charter School*

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Nancy R. Stewart*

Licensed Embalmer No. *3722*

P. O. Address *412 Duncanson*

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.