

JUL 12 1939

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

20481  
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. Central 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 456 Alberta Beatrice Calmer

(a) Residence, No. 1493 Arlington Ave. St. 6 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5th, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
23 0 28

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beauty Operator  
 9. Industry or business in which work was done, as saw mill, bank, etc. Self  
 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) St. Louis, Mo.

FATHER

13. NAME Harry M. Calmer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME May Hopkins  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Florence R. Calmer  
1493 Arlington Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3<sup>rd</sup> 1939, to June 13, 1939  
 I last saw her alive on June 13, 1939. Death is said to have occurred on the date stated above, at 7:40 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Internal obstruction due to atherosclerosis cause unknown  
 Date of onset 5/6/39

Other contributory causes of importance:  
General peritonitis  
Operation to relieve intestinal obstruction non-malignant 1st 5/5/39  
 Name of operation Laparotomy Date of 2<sup>nd</sup> 5/25/39  
 What test confirmed diagnosis? autopsy 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? no  
 If so, specify.....  
 (Signed) John D. Thompson M. D.  
 (Address) Metropolitan Hotel

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary Cem. DATE June 15th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann & Sons  
1905 Union Blvd.

20. FILED JUN 14 1939 J. F. Pridemore (Local Registrar)

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.

50M-4-1948 X16805

*Prostate for Section  
Bldg.*

**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 *R. M. Sanford*  
Licensed Embalmer No. *2273*  
P. O. Address *St Louis*

**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.**