

2-40
-39
125

JAN 15 1941 791
Registration District No. _____

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hos'n
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Congress Hotel Apt
(If rural, give location)

(e) If foreign born, how long in U. S. A.? about 70 yrs. years.

3. (a) PRINT FULL NAME Hannah Calmus

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced wid.

6. (b) Name of husband or wife Phillip Calmus 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. March 25 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>8</u>	<u>12</u>	hr. min.

9. Birthplace Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name David Altman

13. Birthplace Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Sallie

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Wernick

(b) Address Congress Hotel Apt.

17. (a) burial (b) Date thereof 12/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director [Signature]

(b) Address DEC 9 1940 56 Lindell Blvd

19. (a) DEC (b) J. H. Fredrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1940 hour 11 45 minute 12 M.

21. I hereby certify that I attended the deceased from Mar. 4 1940, to Dec. 7 1940, that I last saw her alive on Dec. 7 1940; and that death occurred on the date and hour stated above.

Immediate cause of death
Chr. Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
[Handwritten notes]

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature Jerome [Signature] (M. D. or other) _____
Address 508 N. Grand Date signed Dec. 8, 1940

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *J. S. ...*

Licensed Embalmer No. *1122*

P. O. Address

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, fact should be so stated above.