V. S. No. 2
OM—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4005

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1135

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: #1 Parkland Place / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 24 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 5

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

(d) Street No. #1 Parkland Place (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CAROLINE PRISCILLA CALOHAN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex female

5. Color or race white /

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Geo. Ramsey Calohan

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased January (Month) 11 (Day) 1862 (Year)

8. AGE: Years 81 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Sanica (City, town, or county) Wisconsin / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

FATHER
12. Name George E. Brown
13. Birthplace New York / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henrietta E. Smith
15. Birthplace Fulton, New York / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marguerite Calohan

(b) Address #1 Parkland Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Eureka Springs, Ark.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) FEB 4 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1943 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from February 1st 1943 to February 2 1943 that I last saw her alive on February 1st 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis Cardiac failure	3 days
Due to shock and collapse resulting from death	3 days
Due to of son, Burdette on 1-29-43	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no operation

Of autopsy none

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. H. Horton (M. D. or other) M.D.

Address 634 No. Grand Blvd. St. Louis Mo. Date signed 2/4/43

(Licensed Embalmer's Statement on Reverse Side)

1 to 1 a.m.

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 Thomas R. Jenrick

Licensed Embalmer No. 3793

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, fact should be so stated above.