

V. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

7528

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 11 1943

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 394

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Ada Copley Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6mo. 13 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William W. Calhoun

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 30 1849
(Month) (Day) (Year)

8. AGE: Years 93 Months 7 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation R. R. Conductor

11. Industry or business Retired 26 yrs.

12. Name John Calhoun

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

14. Maiden name Dont know.

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

16. (a) Informant Mrs. H. R. Hockman

(b) Address 5049a Lindenwood Ave.

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

(c) Place: burial or cremation Mattoon, Ills.

18. (a) Signature of funeral director Hobbs - Berg Mortuary
2842 Meramec St.

(b) Address _____

19. (a) FEB 15 1943 (b) C. H. Mc Larson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 5049a Lindenwood Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th
year 1943 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-27-43
_____ 19____ to 2-14 1943
that I last saw him alive on 2-10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation 1 day

Due to Chronic myocarditis 5 yrs

Due to arteriosclerosis 5 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 93d

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? _____

While at work? _____ (Specify type of place)

(d) Means of injury _____

23. Signature C. H. Mc Larson (M. D. or other) md
Address Mattoon, Mo Date signed 1/17/43

MAY 28 1948

RECORDED

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.....
Joe S. Benz
.....
Licensed Embalmer No.....

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.