S. No. 2
M—5-43
r. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 141

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 642

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: Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 95

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5783 Kingsbury Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rita Calvin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Graden

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Sept. 12th. 1917 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
26	4	7	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Charles Dempsey
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Kathleen Denby
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Graden Calvin
(b) Address 5783 Kingsbury Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harnigan & Sheaman Und Co
(b) Address 4415 Washington Blvd.

19. (a) JAN 21 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th. year 1944 hour 9 35 minute P. M.

21. I hereby certify that I attended the deceased from 10/22 1943 to 1/19 1944 that I last saw her alive on 1/19 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Embolus — Duration 2 wks.

Due to: Rheumatic Heart Disease Mitral Stenosis & Insuff. ?

Due to:

Other conditions (Include pregnancy within 3 months of death): 92

Major findings:
Of operations:
Of autopsy: Mitral Stenosis & Insuff.

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 0

23. Signature Arthur E. Strauss (M. D.)
Address 539 N. Grand. Date signed 1/20/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Strauss
Humboldt 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 Albert G. Schaffe

Licensed Embalmer No. 2971

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.