No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29186

FILED SEP 18 1944

Registration District No. 3 P B

Primary Registration District No. 1003

Registrar's No. 7797

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 21 17
(If outside city or town limits, write "RURAL")

(d) Street No. 815 N. Compton
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pleys Calhoun

3. (b) If veteran, name war N

3. (c) Social Security No. 499-95-8904

4. Sex Male

5. Color or race Negro

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

6. (b) Name of ~~husband or~~ wife Virginia Calhoun

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 1 (Month) 5 (Day) 1894 (Year)

8. AGE: Years 50 Months 8 Days 3 If less than one day hr. min.

9. Birthplace NATCHEZ, (ADAMS) Miss. (City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business UNKNOWN

FATHER
12. Name ? CALHOUN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

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

16. (a) Informant Virginia Calhoun
(b) Address 815 N COMPTON

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9. 11. '44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Peoples Und. Co
(b) Address 3100 Franklin Ave

19. (a) SEP 10 1944 (Date received local registrar) (b) J F Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8, year 1944 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from August 26, 1944, to September 8, 1944 that I last saw him alive on September 8, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Multiple sclerosis	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 H H Brewer (M.D. ~~or other~~)
Address 2601 N. Whittier Date signed 9/9/44

(Licensed Embalmer's Statement on Reverse Side)

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. John G. Pettus

Licensed Embalmer No. 4184

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.