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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35727

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10255

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

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: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether In this community years, months or days)

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. 2104 E. Grand Blvd. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Claude Calloway
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 9. 1920 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	24	6	19	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business

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

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

16. (a) Informant City Hospital Record.
(b) Address 1515 Lafayette Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director W. A. Stork
(b) Address 2117 E. Grand Blvd.
19. (a) DEC 1 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th year 1944 hour 10:57 minute A. M.
21. I hereby certify that I attended the deceased from 11/9/44, 19, to Nov. 28th, 19 44 that I last saw him alive on Nov. 28th, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Empyema
Due to Lung abscess
Due to
Other conditions Juvenile paresis (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Empyema & lung abscess

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 Ellis Lipsitz (M. D. or other)
Address 1515 Lafayette Date signed 11/28/44

(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 .....

[illegible] ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.