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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. 22465

FILED JUL 20 1945

Registration District No. 318 | Primary Registration District No. 1002 | Registrar's No. 6017

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

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

(d) Street No.: 5375 No Union 9 7 (If rural, give location) 1

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Gladys D Rethman

3. (b) If veteran, name war:

3. (c) Social Security No.: 499-12-3795

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced 3

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April (Month) I9 (Day) I92I (Year)

8. AGE: Years 24 | Months 2 | Days 2I | If less than one day hr. min.

9. Birthplace: Hickman, Ky. (City, town, or county) 1 (State or foreign country)

10. Usual occupation: Hosewife

11. Industry or business:

FATHER
12. Name: Wm. F. Calhoun
13. Birthplace: Tenn. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name: Beatrice E Gore
15. Birthplace: Ky. (City, town, or county) 1 (State or foreign country)

16. (a) Informant: Wm. F. Calhoun
(b) Address: 5375 No. Union

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7 (Month) I2 (Day) I945 (Year)
(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Sullivan Funeral Dir
(b) Address: 2849 No. Euclid Ave.

19. (a) JUL 11 1945 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th. year I945 hour 6.00 minute P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture dislocation 7th Cervical Vertebra 2 Skull effusion 3. Accidentally when she lost control of the automobile while she was driving on the road into a electric light pole in front of 10737 Parnell Dr. Immediately 8:45 P.M. March 23 1945

Duration

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operation: 1/10
Of autopsy: 1/10

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): Accident

(b) Date of occurrence: March 23 1945 000

(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? Public street (Specify type of place)

While at work? (e) Means of injury: Auto

23. Signature: (M.D. or other)

Address: Date signed: 7/10/45

(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.....

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.