S. No. 2
9M—2-43
v. 5-17-39
1 X25697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1945 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28897

Registration District No. ..... Primary Registration District No. 1003

Registrar's No. 8412

1. PLACE OF DEATH:

(a) County .....

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Out

(c) City or town St. Louis, Mo. 1719
(If outside city or town limits, write "RURAL")

(d) Street No. 3815 West Pine 9
(If rural, give location) 1

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

If yes, name country .....

3. (a) PRINT FULL NAME Viola Calhoun

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed ?

6. (b) Name of husband or wife Gray Calhoun

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

7. Birth date of deceased May 28, 1902.
(Month) (Day) (Year)

8. AGE: Years 43 | Months 3 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name Edward Roennigke
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Emma Niemann
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Ruth Jackson
(b) Address 3815 West Pine

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/29/45 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) SEP 28 1945 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 26
year 1945 hour 8 00 minute P. M.

21. I hereby certify that I attended the deceased from OCTOBER, 1944 to SEPTEMBER, 1945, that I last saw HER alive on SEPTEMBER 26, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death GENERALIZED CARCINOMATOSIS (TERMINAL). ORIGINATING FROM — Duration

Due to CARCINOMA OF LEFT BREAST

Due to 55 Y

Other conditions GLAUCOMA (CHRONIC) LEFT
(Include pregnancy within 3 months of death)

Major findings:
Of operations CARCINOMA OF LEFT BREAST & METASTASIS TO LEFT AXILA (1944)
Of autopsy 1) GENERALIZED CARCINOMATOSIS 2) GLAUCOMA (LEFT) 3) BRONCHIAL PNEUMONIA

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 Gleason L. McElroy (M. D. or other) M.D.
Address 5535 Delmar Date signed 9/28/45

(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 Thomas Eynck

Licensed Embalmer No. 1284

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.