S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22482

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6151

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ono

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

(d) Street No. 3878 Page 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Calvin Marion

3. (b) If veteran, name war NO

3. (c) Social Security No. No

4. Sex M

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY 31 - 1947
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
~~3 Days 3 Weeks And~~ hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name James Wright
13. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy Marion
15. Birthplace Nettleton Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Marion
(b) Address 3878 Page Blvd

17. (a) Burial (b) Date thereof 6-28-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Moses Adams
(b) Address 3849 Windsor Place

19. (a) JUN 27 1947 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1947 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 20, 1947 to June 24, 1947
that I last saw him alive on June 24, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Diarrhea	Undet.
Due to	
Due to	
Other conditions: Malnutrition and Dehydration (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: No	

PHYSICIAN
Underline the cause of 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 Theodore Blevins (M. D. or other)
Address 2601 N Whittier Date signed 6/26/47

Jefferson City Printing Co.

(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 J. A. Green

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.