No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6155

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1630

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: Herman DeLoge O Hospital (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: Mo. (b) County: 000

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

(d) Street No. 6265 Loran (If rural, give location) 9

14 0

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

If yes, name country

3. (a) PRINT FULL NAME: LORAINE CALCATERRA

3. (b) If veteran, name war: No

3. (c) Social Security No. 493-05-5561

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Charles Calcaterra

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

7. Birth date of deceased: July (Month) 11 (Day) 1898 (Year)

8. AGE: Years 49 Months 7 Days 5 If less than one day hr. min.

9. Birthplace: St. Charles (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Henry Burckhardt

13. Birthplace: St. Charles (City, town, or county) Mo. (State or foreign country)

14. Maiden name: Katherine Burckhardt

15. Birthplace: St. Charles (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mr. Charles Calcaterra

(b) Address: 6265 Loran

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 19 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Lake Charles

18. (a) Signature of funeral director: Paul C. Calcaterra

(b) Address: 5142 Daggett

19. (a) FEB 17 1948 (Date received local registrar) (b) J. J. Breen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th year 1948 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from Jan 16, 1948 to Feb 16, 1948 that I last saw her alive on Feb 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 weeks.
Due to: Chronic nephritis	2 weeks.
Due to:	
Other conditions: General Paresis (Include pregnancy within 3 months of death)	1 year.
Major findings: Of operations:	
Of autops: As above.	

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: Martin W. Davis (M. D. or other)

Address: 408 Humboldt Bldg. Date signed 2/17/48.

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

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 Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 542 Daggett

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.