

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 7 16 days
(Specify whether
In this community 11
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 103
(c) City or town Chaffee
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Calvert

3. (b) If veteran, name war # 1 3. (c) Social Security No. 719-10-9342

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 20 years (Day) (Year)

7. Birth date of deceased June 20 1895
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation R.R. Conductor

11. Industry or business

12. Name Robert Calvert, Dec 1

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

14. Maiden name Wm. Harper, Dec. 1

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

16. (a) Informant Effie Calvert

(b) Address Chaffee, mo

17. (a) Burial (b) Date thereof 7-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chaffee mo

18. (a) Signature of funeral director Funeral Mortuary Service

(b) Address 4104 Manchester Ave

19. (a) JUL 9 1948 (b) J. B. Rosack
(Date received local registration) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1948 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from May 21 1948 to July 7 1948
that I last saw him alive on July 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus

Due to Perforated peptic ulcer with subdiaphragmatic abscess

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above

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 J. B. Rosack (M.D. optional) Address Barnes Hospital Date signed 7/7/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1809

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. Allen Davis Jr*
Licensed Embalmer No..... *4053*
P. O. Address..... *St. Louis*

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.