

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6973

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6976</u> Registrar's No. <u>00222</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANCHESTER</u>		d. STREET ADDRESS (If rural, give location) <u>PINE CREST NURSING HOME</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Pine Crest Nursing Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) _____		c. (Last) <u>Calvert</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24, 1949</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 21, 1875</u>	9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN D. CALVERT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH (UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes Spanish War</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Kelly</u> ADDRESS <u>2331 MULLANPHY</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH _____		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Senility</u>		
			DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>93d</u> <u>42</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Oct 18, 1948</u> , to <u>Jan 24, 1949</u> , that I last saw the deceased alive on <u>Jan 17, 1949</u> , and that death occurred at <u>7 1/2</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. P. Merklein M.D.</u>			23b. ADDRESS <u>3507 Potomac</u>		23c. DATE SIGNED <u>1-26-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>1/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
DATE REC'D BY LOCAL REG. <u>1-31-49</u>		REGISTRAR'S SIGNATURE <u>Shirley G. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Callen Kelly</u> ADDRESS <u>4386 LINDELL BLVD.</u>	

Cullen-Kelly Undertaking Co.
Address *4386 Lindell Blvd.*
St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed following described corpse:

Full name *CHARLES CALVERT* Race *WHITE*

Place and date of death *PINE CREST NURSING HOME 11/24/49*

Physician (or Coroner) signing Certificate *A. L. Merlin*

Place and date of Embalming

Remarks

Signed *Ralph W. Henson* Missouri License No. *3791*

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

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

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.