

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25019

FILED AUG 14 1950

State File No. 6663 Registrar's No.

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| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | <u>2189</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 S. Garrison Avenue</u> | | | | e. STREET ADDRESS (If rural, give location) <u>110 S. Garrison Avenue</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> | | b. (Middle) _____ | | c. (Last) <u>McCallop</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 1 50</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>6/25/104</u> | 9. AGE (In years last birthday) <u>46</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Leander McCallop</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Nero</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rosie McCallop</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosie McCallop 110 S. Garrison</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Luetic Cardiovascular Disease</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Several minutes</u> <u>Several years</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>B22X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>1-8</u> , 1950, to <u>7-19</u> , 1950, that I last saw the deceased alive on <u>7-19</u> , 1950, and that death occurred at <u>7:15 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Bernard C. Randolph, M.D.</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>824 N. Channing Ave.</u> | | 23c. DATE SIGNED <u>8-3-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8/8/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>AUG 4 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Foster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Und., Co. 2732 Pine Blvd.</u> | | | |

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

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 *Clark Manning* _____

Licensed Embalmer No. *33710* _____

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.