

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38351**  
**10090**

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  | c. LENGTH OF STAY (In this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |  | <b>2119</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>3826 St. Louis Ave.</b>  |  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>3826 St. Louis Ave.</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Nora</b>  |  | a. (First)   |  | b. (Middle)   |  | c. (Last)<br><b>Calvert</b>  |  |
| 4. DATE OF DEATH<br><b>November 26, 1950.</b>  |  | 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>white</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widow</b>       |  |
| 8. DATE OF BIRTH<br><b>July 3, 1872</b>  |  | 9. AGE (In years last birthday)<br><b>78</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Homemaker</b>                    |  | 11. BIRTHPLACE (State or foreign country)<br><b>Newton, Illinois</b>         |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  | 13a. FATHER'S NAME<br><b>John C. Lemay</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Frances Krail</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b>                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  | 16. SOCIAL SECURITY NO.<br><b>none</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mr. Elmer Calvert 3826 St. Louis Ave.</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b><br><b>39 1/2</b>           |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |  | 20. AUTOPSY?<br>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?<br><b>331X</b>  |  |   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>Mar -</b> , 19 <b>42</b> , to <b>Nov 24</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Nov 27</b> , 19 <b>50</b> , and that death occurred at <b>2:10 pm.</b> , from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE <b>Albert J. Sausville</b> (Degree or title)  |  |  |  | 23b. ADDRESS <b>2908 1/2 N. B. rd. W. St. Louis</b>   |  | 23c. DATE SIGNED <b>11/27/50</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |  | 24b. DATE <b>11-27-50.</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Granite City, Illinois.</b> |  |
| DATE REC'D BY LOCAL REG. <b>12/27/50</b>   |  | REGISTRAR'S SIGNATURE <b>G. B. Laster</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b>                                    |  |  |  |

WRITE PLAINLY—USING UNFADING 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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Alvin W. Hatz*  
Student Embalmer No. ....

Licensed Embalmer No. *3737*

P. O. Address *St. Louis, Mo.*

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.