

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25639

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6384**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE _____ No. _____ b. COUNTY **2209**

b. CITY OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **10 yrs**
c. CITY OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips**
d. STREET ADDRESS (If rural, give location) **20 1610 N. Leffingwell Ave.**

3. NAME OF DECEASED a. (First) **Minne** b. (Middle) **Joe** c. (Last) **Calvert**
4. DATE OF DEATH (Month) (Day) (Year) **6 29 1952**

5. SEX **3 female** 6. COLOR OR RACE **negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **divorced 3**
8. DATE OF BIRTH **April 11, 1918** 9. AGE (In years last birthday) **34**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **poultry worker**
10b. KIND OF BUSINESS OR INDUSTRY **unemployed**
11. BIRTHPLACE (State or foreign country) **Mauds, Miss.**
12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Oliver Gray** 13b. MOTHER'S MAIDEN NAME **Clara Archie** 14. NAME OF HUSBAND OR WIFE **nil**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME **Maudie Gray** ADDRESS **1610 N. Leffingwell**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Heat Prostration**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? **000 / E9319**

22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above. **46**

23a. SIGNATURE **Catril E Taylor Corner** (Degree or title) _____ 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **7.2.52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **July 5/52** 24c. NAME OF CEMETERY OR CREMATORY **New Madrid, Mo.** 24d. LOCATION (City, town, or county) (State) **New Madrid, Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **JUL 2 1952** **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Dement & Son-2629-31 Cole St.**

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.