

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 02810
8702"

FILED OCT 1 1952

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

1. PLACE OF DEATH a. COUNTY <u>3804 Windsor Pl.</u>		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 township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2119</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>3804 Windsor Pl.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3804 Windsor Pl.</u>			

3. NAME OF DECEASED (Type or Print) <u>Henry</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Callicott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 52</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>June 1, 1871</u>		9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Union City Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James Callicott</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Franklin Callicott</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Hall</u>		ADDRESS <u>3804 Windsor Pl.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis, Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <u>Nephritis</u>			
DUE TO (c) <u>Cancer of the lip</u>		II. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	

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? <u>59.2 WH</u>	

22. I hereby certify that I attended the deceased from Nov. 30, 1951, to Sept 12, 1952, that I last saw the deceased alive on Sept 12, 1952, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>8330 Franklin Ave</u>		23c. DATE SIGNED <u>9/15/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-18-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saint Peter Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Metropolitan Funeral System, Inc.</u>	

DATE REC'D BY LOCAL REG. SEP 16 1952
 (Licensed Embalmer's Statement on Reverse Side) 5010 Enright Ave.

Cancer showed in air part of H. actual cause was chronic nephritis. Mr. contacted. 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

Paul V. Freeman

Licensed Embalmer No.

4686

P. O. Address

4585 21st

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.