

STANDARD CERTIFICATE OF DEATH

No. 300  
10-58

State File No. ....

FILED FEB 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 556

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Prospect Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Prospect Hill</u>	
c. LENGTH OF STAY (in this place) <u>33 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>507 Leeton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 Leeton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Calhoun</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1953</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>7/20/1888</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u> IF UNDER 2 WKS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Hanger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Hanger</u>		11. BIRTHPLACE (State or foreign country) <u>Memphis, Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Calhoun</u>		13b. MOTHER'S MARDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie Jones</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>Minnie Jones</u>		18. ADDRESS <u>507 Leeton</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Anterosclerotic heart disease</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>Several years.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS <u>Malnutrition and Cachexia</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
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) (Minute) _____		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>Dec. 20, 1953</u> to <u>Feb. 12, 1953</u> , that I last saw the deceased alive on <u>Feb. 11, 1953</u> , and that death occurred at <u>11:00 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Morrison A. James</u>		23b. ADDRESS <u>9903 Diamond Dr. St. Louis 15</u>		23c. DATE SIGNED <u>2-16-53</u>	
23d. (Degree or title) <u>M. D.</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/17/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-16-53</u>		REGISTRAR'S SIGNATURE <u>Herkut R. Dand-M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gatas</u> ADDRESS <u>4107 Finney Ave.</u>	

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

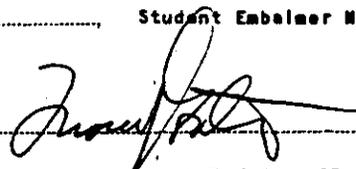
**STATEMENT BY LICENSED EMBALMER**

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  \_\_\_\_\_

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

**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.