

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 4 1953

State File No. **19255**  
Registrar's No. **5027**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3324 a rear Franklin</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Henry</b>	b. (Middle)	c. (Last) <b>Calhoun</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 16 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4 - 19 - 1877</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 1 YEAR Days <b>26</b>	IF UNDER 1 YEAR Hours <b></b>	IF UNDER 1 YEAR Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>McQuay-Norris Mfg Co</b>	11. BIRTHPLACE (State or foreign country) <b>Macon, Georgia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Calhoun, Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie Thorp</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie Calhoun</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY # <b>461-16-6158</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Emmett Calhoun</b>	ADDRESS <b>1117 No. W Dittier</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension</b>  ANTECEDENT CAUSES DUE TO (b) <b>Senile Dementia</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Probable G. I. Malignancy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>444XH</b>
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22. I hereby certify that I attended the deceased from **5-12**, 19**53**, to **5-16**, 19**53**, that I last saw the deceased alive on **5-16**, 19**53**, and that death occurred at **8:55a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edna G. Brooks</b>	(Degree or title) <b>M. D. O</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>5-18-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-20-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park, Ceme</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County; MO</b>
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DATE REC'D BY LOCAL REG. <b>MAY 19 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>People's Und. Co.</b>	ADDRESS <b>3100 Franklin Ave</b>
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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 W. 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.