

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40305**
Registrar's No. **11212**

FILED DEC 4 - 1953

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 Missouri b. COUNTY 2069	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 5216 Theodosia	

3. NAME OF DECEASED (Type or Print) a. (First) Edmond	b. (Middle) _____	c. (Last) Calvin Jr.	4. DATE OF DEATH (Month) (Day) (Year) 11 - 23 - 53
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 15 1924	9. AGE (In years last birthday) 29	10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) Maintenance	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Monroe La.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edmond Calvin	13b. MOTHER'S MAIDEN NAME Niecey James	14. NAME OF HUSBAND OR WIFE Marie Calvin Jr.
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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) Yes War II	16. SOCIAL SECURITY NO. 433-36-382	17. INFORMANT'S SIGNATURE OR NAME Marie Calvin Jr.	ADDRESS 5216 Theodosia
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Abscess		INTERVAL BETWEEN ONSET AND DEATH Undt.
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Pulmonary Embolism		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 521X
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22. I hereby certify that I attended the deceased from August 13, 1953, to November 23, 1953, that I last saw the deceased alive on November 23, 1953, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl Bell Smith, M.D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 11/27/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Ship	24b. DATE 11-27-53	24c. NAME OF CEMETERY OR CREMATORY Monroe La.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. NOV 27 1953	REGISTRAR'S SIGNATURE J. Earl Bell Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Dunn Funeral Home	ADDRESS 215 So Jefferson
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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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.