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

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35332

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8962

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
c. LENGTH OF STAY (In this place): 9yr 10mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Masonic Home of Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MO
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
d. STREET ADDRESS (If rural, give location): 5351 Delmar

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): —
c. (Last): Calder

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: July 15, 1865
9. AGE (In years last birthday): 91
If under 1 year: Months: 2 Days: 14 If under 1 hr.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Clinton Iowa.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: George McCone
13b. MOTHER'S MAIDEN NAME: Cathryn Tate
14. NAME OF HUSBAND OR WIFE: J. C. Calder (Dead)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Masonic Home of Missouri
ADDRESS:

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) ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: ONE DAY

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 5 YEARS
DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED — 10 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION — 10 YEARS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None 420.0
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 25, 1956, *to* Sept 29, 1956, *that I last saw the deceased alive on* SEPT. 29, 1956, *and that death occurred at* 1:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert A. Hall
(Degree or title): M.D.
23b. ADDRESS: 5351 DELMAR ST. LOUIS, MO.
23c. DATE SIGNED: SEPT. 30, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/1/56
24c. NAME OF CEMETERY OR CREMATORY: Calder Cemetery
24d. LOCATION (City, town, or county) (State): Pontiac, Illinois

DATE REC'D BY LOCAL REG.: OCT 1 1956
REGISTRAR'S SIGNATURE: Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Alexander & Sons
ADDRESS: 6175 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Diuterle

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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.