

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14535

STATE FILE NUMBER

2820

FILED APR 22 1957

318

Registration District No. Primary Registration District No. 1003

Registrar's No.

Health,
Welfare
Public
Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS 7700 Wellington	
3. NAME OF DECEASED (Type or print) First Howard Middle Calhoun Last Calhoun		4. DATE OF DEATH Month March Day 21 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 2, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operating Engineer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Bap. Hospital	9. AGE (In years last birthday) 55
11. BIRTHPLACE (City and state or country) Carrabelle, Fla.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Claude H. Calhoun		14. MOTHER'S MAIDEN NAME Hetty Sarvis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-01-9700	
17. INFORMANT Myrtle H. Calhoun		Address 7700 Wellington	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) for advanced carcinoma of lungs - metastatic - also to Right ribs DUE TO (b) (Primary source not found) DUE TO (c) (Primary source not found) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			INTERVAL BETWEEN ONSET AND DEATH 10 mos
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1657X	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY	
20f. STATE			
21. I attended the deceased from Jan. 1954 to Mar 21st 1957 and last saw him alive on 3-21-57 Death occurred at 5:00 p.m. - 3-21-57 the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. J. Verda M.D.		22b. ADDRESS 4500 Olive St.	
22c. DATE SIGNED 3-22-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-23-57	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. MAR 22 '57	
26. REGISTRAR'S SIGNATURE Paul Smith MS			

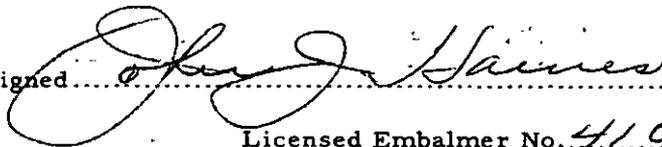
(Licensed Embolmer's Statement on Reverse Side)

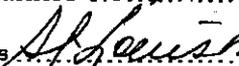
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STATEMENT BY LICENSED EMBALMER

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. 410

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.

REMOVED

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