

FILED JAN 13 1958

STANDARD CERTIFICATE OF DEATH

46136
STATE FILE NUMBER
12719
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4546 ^a McMillan			Length of stay in 1b	12 ^a STREET ADDRESS 4546 ^a McMillan		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HENRY			First	Middle	Last	4. DATE OF DEATH 12-30-57	
5. SEX MALE	6. COLOR OR FACE colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 11, 1884	9. AGE (In years last birthday) 73 YRS	10. IF UNDER 1 YEAR Months 5	11. IF UNDER 24 HRS. Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY NATIONAL STOCK YDS	11. BIRTHPLACE (City and state or country) IRVIN, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME CHARLES CALLAMEES				14. MOTHER'S MAIDEN NAME MARY			
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. 327-01-2548		17. INFORMANT MRS PEARL MONROE, 4546 ^a McMillan			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tubercular Tuberculosis; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) E902.3 DUE TO (c) 11							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Suffered in fall from truck							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) 20c. TIME OF INJURY Hour 3 a. m. p. m. 12 19 57 Month, Day, Year 12 19 57 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, street, factory, store, office bldg, etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE East St Louis Ill						
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:25 A M on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Patrick E Taylor Carver (Deceased or title)				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1-2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1-6-58	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEM		23d. LOCATION (City, town, or county) ST. LOUIS CITY		23e. (State) MO	
24. FUNERAL DIRECTOR A. F. WALTON 2707 STODDARD ST			25. DATE RECD. BY LOCAL REG. JAN 2 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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

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 *W. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575 al*

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.