

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024004

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1509

S. 300

1-57

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1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jennings</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Jennings</b> 4158d
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5220 Fletcher</b>		Length of stay in 1b <b>10 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>5220 Fletcher</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Mary B. Call</b>			4. DATE OF DEATH Month Day Year <b>June 3 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 23 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>St Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>76</b> Months Days Hours Min.
11a. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Peter Morton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bauer</b>	14. NAME OF HUSBAND OR WIFE <b>The Late Le Roy Call</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Elmer Call, 2907 Mackland</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriolar Nephrosclerosis</b>			<b>Several yrs.</b>
DUE TO (c) <b>446X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Secondary Anemia</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Jan 57</b> to <b>Jun 58</b> and last saw her alive on <b>2 Jun 58</b> Death occurred at <b>11:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Leonard J. Kopp M.D.</b>		22b. ADDRESS <b>6917 W. Florissant</b>	22c. DATE SIGNED <b>4 Jun 58</b>
23a. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>		23b. LOCATION (City, town, or county) <b>St. Louis Mo.</b>	(State)
24. FUNERAL DIRECTOR <b>Cullen Kelly 7267 Natural Bridge</b>		25. DATE RECD. BY LOCAL REG. <b>6-6-58</b>	26. REGISTRAR'S SIGNATURE <b>Derbert R. Danke M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Social, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *James A. Lammie* .....

Licensed Embalmer No. *4142* .....  
P. O. Address *St. Louis* .....

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.