S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 10 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5946
Primary Registration District No. 3059
Registrar's No. 66

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Bonne Terre Route one
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Pearl Calvert
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Calvert
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June (Month) 11 (Day) 1900 (Year)

8. AGE: Years 47 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Stoney Point (City, town, or county) Mo. (State or foreign country)
10. Usual occupation cares of home
11. Industry or business

FATHER
12. Name J. T. Easter
13. Birthplace Bonne Terre (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nellie Pleasant
15. Birthplace Texas (City, town, or county) Mo. (State or foreign country)

16. (a) Informant John Calvert R
(b) Address Bonne Terre, Route one
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Meo. Pk.
18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.
19. (a) 3-4-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1948 hour 2 minute 15 a.M.
21. I hereby certify that I attended the deceased from 2-21- 19 48 to 2-26- 19 48
that I last saw h sr alive on 2-25- 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 week
Due to:	
Due to:	
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	2-3 years
Chronic nephritis with uremia	Unknown

PHYSICIAN

Major findings:
Of operations 0
Of autopsy

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. T. Haw, D. (M. D. or other) M.D.
Address Bonne Terre, Mo. Date signed 2-29-48.

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 348-32
Date Filed 3-9-48

MAR 22 1948

JUN 22 1949

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 .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed L. T. Dwyer

Licensed Embalmer No. 3660

P. O. Address Pineloge, Mo

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 this body is not embalmed, fact should be so stated above.