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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 1947**  
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 6076

State File No. 11944  
Registrar's No. 415

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 7/27/47  
(Specify whether  
In this community 49 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Macoupin  
(c) City or town Benld  
(If outside city or town limits, write "RURAL")  
(d) Street No. none  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KALVIN, Andrew  
3. (b) If veteran, name war World I  
3. (c) Social Security No. Unknown  
4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Katherine  
6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased December 30, 1890  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 27  
year 1947 hour 3:35 minute A M.  
21. I hereby certify that I attended the deceased from July 27, 1946 to March 27, 1947  
that I last saw him alive on March 27, 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death CARCINOMA, SQUAMOUS, OF LARYNX, WITH METASTASES.  
Duration UNK.

8. AGE: Years Months Days If less than one day  
56 2 27 hr. min.  
9. Birthplace Easton, Pennsylvania  
(City, town, or county) (State or foreign country)  
10. Usual occupation Coal Miner

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Andrew Kalvin  
13. Birthplace Europe  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Europe  
(City, town, or county) (State or foreign country)  
16. (a) Informant Registrar, Vet. Adm. Hospital  
(b) Address Jefferson Barracks 23, Missouri  
17. (a) Removal (b) Date thereof 3-28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Gillespie, Ill.  
18. (a) Signature of funeral director Albert H. Hoppe Service  
(b) Address St. Louis 4700 Washington Blvd.  
19. (a) 3-29-47 (b) Ruth Ellen  
(Data received local registrar) (Registrar's signature)

Major findings: Tracheotomy 1/1/46 (previous admission)  
Gastrostomy 12/3/46 & 1/6/47  
Of autopsy No autopsy  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury U  
23. Signature L. E. Stowell (M. D. or other)  
Address Vet. Adm. Hosp., Jeff. Bks., MO Date signed 3/27/47

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

APR 18 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

*Elmo R. Cadwell*

Licensed Embalmer No. 4077

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