MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38052

1928

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No.

Township ~~Central~~ — Primary Registration District No. 6033 B — Registered No. 316

City Wellston (No. 1532, Wellston Pl. St. Ward)

2. FULL NAME Lloyd I. Caldwell

(a) Residence. No. 1532 Wellston Pl. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Josephine Caldwell.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9 - 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	10	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer) U. R. R. Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

PARENTS

10. NAME OF FATHER Jurdon Caldwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Josephine Caldwell (Address) 1532 Wellston Pl.

15. FILED 12/6, 1927. Rolla Bragg, M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927, to Dec 3, 1927 that I last saw him alive on Dec 3, 1927, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cirrhosis of Liver

1226 1246 131

(duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) 2 yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscope

(Signed) H. L. Breuser, M. D

12/6, 1927 (Address) 6128A BARTMER AVE

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park — DATE OF BURIAL: 12-6 1927

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6/28th [illegible]

10 to 11 a.m.