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

Do not use this space.

29344

File No. 8945

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hosp # 2 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Ben Caffey alias Coffee

(a) Residence. No. 3434 Lacleda St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
37		—	18	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) Yellow Cab Co

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Abe Caffey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Jennie George

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mississippi

14. INFORMANT Dave Caffey
(Address) 2315 Adams Str

15. FILED SEP -5 1928 19 Max C Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-31-28 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 1 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun shot wound of 1/3 Abdomen

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Homicide

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm Dever ~~M.D.~~

9/1, 1928 (Address) Dep Coroner

*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 Jefferson Barracks

DATE OF BURIAL Sept. 6 1928

20. UNDERTAKER Elmer E. Pettis

ADDRESS 3030 N. M.

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.