

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

Do not use this space.

10342

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township St. Louis Primary Registration District No. 1003
City St. Louis (No. City Infirmary) St. _____ Ward _____

File No. _____
Registered No. 2320
St. _____ Ward _____

2. FULL NAME

Joe Caldwell
(a) Residence, No. City Infirmary / 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/10/1860

7. AGE YEARS MONTHS DAYS IT LESS than 1 day,hra. ormin.
abt 69 Unknown

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Janitor
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

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

10. NAME OF FATHER Peter Caldwell

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

12. MAIDEN NAME OF MOTHER Mrs. Gloria Caldwell

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

14. INFORMANT Mrs. Annie Lewis
(Address) 4340 Cole Boulevard

15. FILED 1930 John E. Stankov REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-3 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-1, 1930, to 3-3, 1930, that I last saw him live on 3-3, 1930, and that death occurred, on the date stated above, at 11:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
1930

(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 908

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Alfred Hill M. D.

3-5, 1930 (Address) 5000 annual

*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 _____ DATE OF BURIAL _____

St. Louis 3/8 1930

20. UNDERTAKER _____ ADDRESS _____

St. Louis None 4107 Jimmy

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.

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