

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

Do not use this space.

34431

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond Heights (No.)

Registration District No. 1170
Primary Registration District No. 6248H
St. Mary's Hospital

File No.
Registered No. 215
St. Ward

2. FULL NAME Willard A. McCaleb,

(a) Residence, No. 6450 West Park av. St. Ward. St. Louis, Mo.
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Colvin McCaleb,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1900-4-1</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>6</u>	DAYS <u>16</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
11. Total time (years) spent in this occupation <u> </u>	

12. BIRTHPLACE (CITY OR TOWN) Miss.
(STATE OR COUNTRY)

FATHER
13. NAME Stewart McCaleb,

14. BIRTHPLACE (CITY OR TOWN) Miss.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Ella Hearn,

16. BIRTHPLACE (CITY OR TOWN) Miss.
(STATE OR COUNTRY)

17. INFORMANT E. L. Dieke
(ADDRESS) 27 Dromara Road,

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. John's DATE 10/19/33.

19. UNDERTAKER Robert J. ...
(ADDRESS) Clayton Road at Concordia Lane

20. FILED 10/19
Gertrude Porter,
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Maceration of the spinal cord (at the level of the fourth cervical vertebra.)

Fracture and dislocation of the fourth cervical vertebra over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 1918/33

(Signed) Jake ... M.D.

(Address) 3718 Jennings Rd.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 10 1933

This was an automobile accident. Automobile
burnt up, deceased driving alone in car, when
car got out of control, on Highway 66, near
Bourbon, Mo. Was taken to St. Mary's hospital
in ambulance, where he died the following morning.

SEP 29 1952