

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

Do not use this space.

MAY 13 1935

14733

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis*

No. *4927* *Washington*

File No.....

Registered No. **3570**

2. FULL NAME *Ottovan Caedwell*

(a) Residence, No. *4927* *Washington* St., *12* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 18 1935*

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

22. I HEREBY CERTIFY, That I attended deceased from *Mar 16<sup>th</sup>*, 1935, to *April 16<sup>th</sup>*, 1935.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 9<sup>th</sup> 1877*

I last saw him alive on *16<sup>th</sup> Apr. 1935*. Death is said to have occurred on the date stated above, at *St. Louis*.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min. *About 57 9*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *rick*

*Mitral disease of the heart*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

*131*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

Other contributory causes of importance: *Chronic nephritis*

13. NAME *Unknown*

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

15. MAIDEN NAME *Unknown*

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

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

17. INFORMANT (ADDRESS) *Edward Ross 2229 Alberta St.*

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

18. BURIAL, CREMATION, OR REMOVAL PLACE *Newcastle, Va* DATE *4-27* 1935

Manner of injury.....

19. UNDERTAKER (ADDRESS) *Albert H. Hays, Inc 429 N. Central*

Nature of injury.....

20. FILED *APR 20 1935* *J. Bredeck Registrar.*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify..... (Signed) *John W. Waughey* M. D. (Address) *11900 Overbury St*

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.

