APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12587

Township ..... Primary Registration District No. 1003 Registered No. 2620

City St. Louis (No. 3938 Greer Ave. St. ..... Ward)

2. FULL NAME Rueben H. Caffall

(a) Residence, No. 3938 Greer Ave. St., 10 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie S. Caffall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 24, 1951

7. AGE: YEARS 85 MONTHS 1 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brighton England

FATHER

13. NAME: Thomas Caffall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Emma Toome

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Margaret M. Caffall 3938 Greer Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE Mar. 6, 1936

19. UNDERTAKER (ADDRESS): Akron L & W Co. 2707 N. Grand Blvd.

20. FILED MAR - 9 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Mar 7, 1936

I last saw him alive on Mar 7, 1936 Death is said to have occurred on the date stated above, at 11 40 p.m.

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

	Date of onset
Erysipelas	2-2-3-36
Other contributory causes of importance:	
Bronchopneumonia	2-29-36

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

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 .....

(Signed) H. F. Cleveland, M. D.

(Address) 5430 Southwest Cir.

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.