REC'D APR 8 1938

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

Do not use this space.

12157

1. PLACE OF DEATH

County St Louis | Registration District No. 784 | File No.

Township Carondelet | Primary Registration District No. 200 | Registered No. 470

City ~~Jefferson Barracks~~ (No. Vet Hosp. St. Ward)

2. FULL NAME Muriel Lester Caldwell 434

(a) Residence, No. Coffeen, Ills St., 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: m
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Edith Caldwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 21, 1894

7. AGE: 43 YEARS | MONTHS: 2 | DAYS: 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Real Silk Hosiery
10. Date deceased last worked at this occupation (month and year): 5 yrs
11. Total time (years) spent in this occupation: 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion, Indiana

FATHER

13. NAME: ~~Harrison~~ Caldwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Coffeen Ill.

MOTHER

15. MAIDEN NAME: Ella Fuller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Coffeen Ill

17. INFORMANT (ADDRESS): Edith Caldwell, Coffeen, Ills

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Coffeen Ills DATE: 19

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & L. Co. 7814 S Broadway

20. FILED 3-13 1938 T. R. Meyer M. D. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1938, to March 12, 1938

I last saw him alive on March 12, 1938. Death is said to have occurred on the date stated above, at 11:15 p m.

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

Vabvular disease Heart, mitral & aortic insufficiency ~~with myocardial disease~~

Date of onset

34

Other contributory causes of importance: chronic nephritis - arteriosclerosis - Tuberculosis, myocardial disease

Name of operation: — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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? no

If so, specify

(Signed) Jeb C W Hughes, M. D.

(Address) Kit. adm. Jefferson Barracks Mo

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.

Embalmed by Lewis Hoffmeister

L. E. #