

REC'D MAY 6 1938

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

15770
1938
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Central Primary Registration District No. 200
(c) City Brentwood, Mo. (d) Street No. 8950 Manchester Gouldworth Home St. 793
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Caldwell U. 34

(a) Residence, No. 8950 Manchester St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Missouri

FATHER 13. NAME Wm. Leffemann

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

MOTHER 15. MAIDEN NAME Charolette Kruel

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

17. INFORMANT Oscar Oberkrom
(ADDRESS) 9755 Emerson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 5/3/38

19. FUNERAL DIRECTOR Edith E. Ambruster
(ADDRESS) 4234 Manchester

20. FILED 52 1938 R. M. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1/38 1938

22. I HEREBY CERTIFY, That I attended deceased from April - 20, 1938, to May 1, 1938
I last saw her alive on April - 30, 1938 Death is said to have occurred on the date stated above, at 1.10 P. M.
The principal cause of death and related causes of importance were as follows:

Pneumonia
Sa. Suff.
Date of onset 4-24-38

Other contributory causes of importance:
None
Name of operation None Date of...
What test confirmed diagnosis? Cholera 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...
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 Roy Albrecker, M. D.
(Signed) Roy Albrecker (Address) Oakland, 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.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Florenz Eynck

Licensed Embalmer No. 1284

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)