7. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30527

Registration District No. 1997 Primary Registration District No. 1003 Registrar's No. 7804

FILED SEP 25 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4190 West Belle 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Annie Bell Caldwell

3. (b) If veteran, name war ----- 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sherman Caldwell 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 25, 1910 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
30	3	20	hr. min.

9. Birthplace Atlanta (City, town, or county) Texas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Henderson
13. Birthplace Monroe (City, town, or county) Louisiana (State or foreign country)

MOTHER
14. Maiden name Mary Watson
15. Birthplace Douglassville Texas (City, town, or county) (State or foreign country)

16. (a) Informant Mary Jackson
(b) Address 4042a Cote Brilliante Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/19/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Atlanta, Texas

18. (a) Signature of funeral director Chas T. Yates
(b) Address 4107 Finney Avenue

19. (a) SEP 18 1940 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 15 day 15 year 1940 hour 10:03 minute A M.

21. I hereby certify that I attended the deceased from Sept 5, 1940, to Sept 15, 1940, that I last saw her alive on Sept 15, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis non puerperal	3 das
Pulmonary Edema	"
Due to	
Due to	
Other conditions Myoma Uteri, Non Malignant (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Peritonitis, Pulmonary Edem

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leon Osmart (M. D. or other)
Address 2601 N Whittier Date signed 9/16/40

(Licensed Embalmer's Statement on Reverse Side)

Cosmo
Natl Life & Acc

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by A. T. Most Jr., Registered Apprentice No. 265, working under my personal supervision.

Signed James A. Duncan

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.)

If this body is not embalmed, above space should be left blank.