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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 40454

Registrar's No. 10225

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

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: 5622 Delmar Blvd. 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2 years 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5622 Delmar Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Scott Caldwell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Golden Caldwell

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug. (Month) 19 (Day) 1865 (Year)

8. AGE: Years 74 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Nancock County (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John Howe Cadldwell
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Paulina J. McGee
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Golden Caldwell
(b) Address 5622 Delmar Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation Quincy, Ill.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) DEC 12 1940 (Date received local registrar) (b) J. T. Bredech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th year 1940 hour 12 minute 8 A. M.

21. I hereby certify that I attended the deceased from October 1st, 1940, to Dec. 12, 1940; that I last saw him alive on Dec. 11, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	2½ mo.
Due to: Cerebral arteriosclerosis	2 years.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 Nathan John Eversoll (M. D. or other) MD
Address 4129 Washington Bl. Date signed 12-12-40.

(Licensed Embalmer's Statement on Reverse Side)

N. J. Eversall

4129 Wash.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jas Wm Bankley

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo

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

If this body is not embalmed, fact should be so stated above.