

Registration District No. **791**

Primary Registration District No. **1003**

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 **1 da**
(Specify whether years, months or days)

In this community **Life**

3. (a) PRINT FULL NAME **Lee Caldwell**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 9 1940**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				22 hr. 52 min.

9. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Lee Caldwell**

13. Birthplace **Oakland Miss.**
(City, town, or county) (State or foreign country)

14. Maiden name **Jenny Lou Metcalf**

15. Birthplace **Oakland Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Father Mary Sheran**

(b) Address **2601 N Whittier**

17. (a) _____ (b) Date thereof **12-27-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cry Cem**

18. (a) Signature of funeral director **Wm Hamilton**

(b) Address **City Health Dept**

19. (a) **DEC 26 1940** (b) **J. H. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL") **21**

(d) Street No. **2212 Carr St**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **10**
year **1940** hour **5:42** minute _____ P.M.

21. I hereby certify that I attended the deceased from **December 9 1940** to **December 10 1940**, that I last saw her alive on **December 10 1940**, and that death occurred on the date and hour stated above.

Immediate cause of death **Prématurity**

Due to _____

Due to _____

Other conditions **151**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **As above**

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **G. E. Place** (M. D. or other) _____
Address **2601 N Whittier** Date signed _____

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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