

STANDARD CERTIFICATE OF DEATH

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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: Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 2 days  
(Specify whether \_\_\_\_\_)  
In this community 22 years  
years, months or days)

3. (a) PRINT FULL NAME Caldwell, Oscar

3. (b) If veteran name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased abt 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>abt</u>	<u>52</u>	<u>-</u>	<u>-</u>	hr. min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Geo Caldwell

13. Birthplace Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Parlee

15. Birthplace Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cardwell

(b) Address 2831 Lucas

17. (a) Burial (b) Date thereof 4-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Allen Parlee

(b) Address 3506 Franklin Ave

19. (a) APR 11 1941 (b) J. J. Bredek  
(Date received local health officer) (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")  
(d) Street No. 2231 Lucas  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day April  
year 1941 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from 3-5- 1941 to 4-7- 1941  
that I last saw him alive on 4-7- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia 3 weeks

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy as above

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 Charles Allen (M. D. or other) \_\_\_\_\_  
Address 2601 N. Whittier Date signed 4-8-41

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

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.....

*William C. Mc Dowell* ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed:.....

*William C. Mc Dowell*

Licensed Embalmer No. ....

*2114*

P. O. Address.....

**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, fact should be so stated above.**