No. 2
1-4-41
-17-39
X26390

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. 36169

FILLED NOV 3 1941

Registration District No. 1984

Primary Registration District No. 200

Registrar's No. 2168

1. PLACE OF DEATH:

(a) County St. Louis Koch

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

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

(d) Length of stay: In hospital or institution 254 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County — 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6711 a S. Broadway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruth Caldwell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race N

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

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

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

7. Birth date of deceased June (Month) 25 (Day) '02 (Year)

8. AGE: Years 39 Months 3 Days 28 If less than one day ___ hr. ___ min.

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

10. Usual occupation Ns wife.

11. Industry or business

FATHER
12. Name Louis Watkins
13. Birthplace — (City, town, or county) / Arkansas (State or foreign country)

MOTHER
14. Maiden name Lavinia Briscoe
15. Birthplace — (City, town, or county) / Mississippi (State or foreign country)

16. (a) Informant Husband, Jessie Caldwell
(b) Address 6711 a S. Broadway

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington

19. (a) OCT 25 1941 (Date received local registrar) (b) C. H. McGarvan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 4 30 hour ___ minute A. M.

21. I hereby certify that I attended the deceased from 7-1-41 ___ 19__ to 10-23-41 19__;
that I last saw her alive on 10-22-41 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary hemorrhage	
Due to Chronic pulmonary tuberculosis	1½ yrs
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 Willard D. Rowland (M. D. ~~or other~~)
Address Koch Hospital Date signed 10-23-41

707

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1941

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 Malvin Blackburn

Licensed Embalmer No. 3962

P. O. Address.....

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

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