

FILED DEC 15 1942

Registrar's No. 10064

Registration District No. ....

Primary Registration District No. ....

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
City Hospital # 10  
(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.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
12  
2

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

(d) Street No. 2000 Block of Walnut St.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William Clayburn Caldwell

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

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

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

7. Birth date of deceased. Aug. 10th 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 23 If less than one day  
28 hr. .... min.

9. Birthplace Lincoln County, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Andrew Caldwell

13. Birthplace Lincoln County, Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Langenecker

15. Birthplace St. Louis, Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Caldwell

(b) Address 4125 Botanical Ave.

17. (a) Burial (b) Date thereof 12-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Mo. Home

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 2 1942 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st  
year 1942 hour 6:52 minute A M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw him..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death 2nd 3rd degree Burns  
right knee and right thigh  
Chronic myocarditis, white  
infarct between wall and  
artery at his home on  
Nov. 30<sup>th</sup> 1942 between 11:00  
and ten O'clock AM

Other conditions.....  
(Include pregnancy within 3 months of death)

18. (a) Findings: 187-1

(b) Operations.....

(c) 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) Accident

(b) Date of occurrence Nov 30 1942

(c) Where did injury occur? at home 000  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place)

23. (a) Signature W. J. Perry (M. D. or other)  
Address Superior Date signed 2/2/43

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**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.....

*William G. Hoffa*

Licensed Embalmer No.....

2971

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.**