

FILED MAR 2 1943 18

1003
Primary Registration District No.

Registrar's No. 1695

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:
4483 FOREST PARK BLVD. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME GERTRUDE R. CALDWELL

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased MAY 2 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 17 hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HAIR SPECIALIST

11. Industry or business.....

12. Name ANDREW J. CALDWELL

13. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

14. Maiden name EMELIE LARKIN

15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant FRANKLYN DePREST

(b) Address 4483 FOREST PARK BLVD.

17. (a) BURIAL (b) Date thereof 2-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEMET.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd. J.

19. (a) FEB 2 1943 (b) J. F. Bradeau
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4483 FOREST PARK BLVD.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 19
year 1943 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 1 1942 to Feb 19 1943
that I last saw or alive on Feb 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Carcinoma, liver 1 yr

Due to.....

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?

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

23. Signature W. H. Kipper (M. D. or other) M. D.

Address 402 Lister Blvd Date signed 2-19-43

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

MOTHER: FATHER:

4500 Olive St
St. N. B. Kieffer

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Rudell

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.