

FILED APR 28 1943

Registration District No. **518**

Primary Registration District No. **10015**

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: **BARNES HOSPITAL**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**  
(c) City or town **Flat River**  
(If outside city or town limits, write "RURAL") **NR.**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Caldwell, Mabel Evelyn**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **W. A. Caldwell** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **May 4 1897**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**45 11 13** hr. min.

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

10. Usual occupation **Housewife**

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

MOTHER FATHER

12. Name **James E. Motley**

13. Birthplace **Cairo Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha E. Tidwell**

15. Birthplace **Marion County Alabama**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. A. Caldwell**

(b) Address **Flat River, Mo.**

17. (a) **Burial** (b) Date thereof **4/20/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flat River, Mo.**

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

(b) Address **4700 Washington Blvd.**

19. (a) **APR** (b) **J. F. Bredak**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April**, day **17**, year **1943** hour **6** minute **50** P.M.

21. I hereby certify that I attended the deceased from **Apr 17 1943** to **Apr 17 1943** that I last saw her alive on **April 17, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **lung infarcts, bilateral,**

Due to **Pulmonary embolism**

Due to **hypertrophy + dilatation of heart due to unknown**

Other conditions **cause with cerebral insufficiency**

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 \_\_\_\_\_

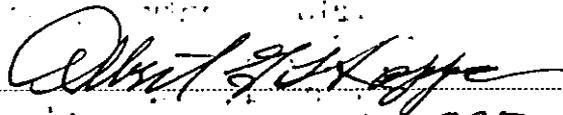
23. Signature **J. R. Bradley** (M. D. or other) \_\_\_\_\_  
Address **BARNES HOSPITAL** Date signed **4/18/43**

APR 20 1943

**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.

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.**