

S. No. 2  
M-2.43  
5-17-39  
I X5955

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18933  
Registrar's No. 1156

**D** MAY 22 1943  
Registration District No. 317

Primary Registration District No. 3063

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Clayton  
(c) Name of hospital or institution: St. Louis County Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Penna (b) County Lancaster  
(c) City or town Conestoga  
(d) Street No. RR #1.  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Grace J. Caldwell  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 14  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex F / race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced / M  
6. (b) Name of husband or wife David R. Caldwell  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased June 18 1889  
(Month) (Day) (Year)

Immediate cause of death injuries received while driving an automobile on a public highway.  
Due to Rupture of bladder; fracture of ribs and pelvis  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
53 10 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Alexandria Virginia.  
(City, town, or county) (State or foreign country)

10. Usual occupation H. W.  
11. Industry or business \_\_\_\_\_  
12. Name Unk.  
13. Birthplace Unk.  
14. Maiden name Unk.  
15. Birthplace Unk.  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
16. (a) Informant David R. Caldwell  
(b) Address RR #1, Conestoga, Penna.  
17. (a) Removal Removal (b) Date thereof 5/17/43  
(c) Place: burial or cremation Lancaster, Penna.  
18. (a) Signature of funeral director LOUIS H. BOPP, Inc.  
(b) Address Kirkwood, Mo.  
19. (a) MAY 18 1943 (b) E. H. McSwain  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 117  
(b) Date of occurrence May 13, 1943  
(c) Where did injury occur? Public place  
(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 Louis H Bopp (D. or other)  
Address Kirkwood, Mo. Date signed \_\_\_\_\_

JUN 9 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.....

*Louis H. Bopp*

Licensed Embalmer No. *721*

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.**