

No. 2  
-2-43  
5-17-39  
1 X25897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35659

State File No. \_\_\_\_\_

FILED NOV 6 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3069

Registrar's No. 2429

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St Marys Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")

(d) Street No. 3611 Cambridge Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Jefferson Caldwell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Helen

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May, 19, 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>5</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Claim Adjuster

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

MOTHER, FATHER {

12. Name Thomas Caldwell

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Nell Verden

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Caldwell

(b) Address 3611 Cambridge Ave

17. (a) Burial (b) Date thereof Nov. 1, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem Kirkwood Mo.

18. (a) Signature of funeral directors Jay B. Smith

(b) Address 7456 Manchester Ave, Maplewood Mo.

19. (a) NOV 2 - 1943 (b) E. J. Mc Gowan, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29  
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-26-43 to 10-29-43 1943  
that I last saw him alive on 10-25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 29d

Due to Perforated Cecum 29d  
of sigmoid

Due to Carcinoma

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma 9  
of sigmoid + descending  
colon  
Of autopsy carcinoma  
of sigmoid + descending  
colon

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) 68

(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 E. J. Mc Gowan (M. D. or other) 9/29

Address 2516 Center Date signed 10-30-43

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 3454

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.

Maplewood