

DEC 29 1943 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 11396

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 9 11
(d) Street No. 4215 Easton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Oliver Caldwell

3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Male 5. Color or Race 2c Negro 6. (a) Single, widowed, married, divorced 2 Widower
6. (b) Name of husband or wife Esther Caldwell 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased March 22, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 24 -- hr. -- min.

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

10. Usual occupation Retired

11. Industry or business ---

MOTHER FATHER { 12. Name Unavailable
13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)
14. Maiden name Unavailable
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Caldwell
(b) Address 4215 e E. Easton Avenue

17. (a) Burial (b) Date thereof 12/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) DEC 29 1943 J. F. Pudech
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16,
year 1943 hour 9 minute 00P.M.

21. I hereby certify that I attended the deceased from December
5, 1943, to December 16, 1943
that I last saw him alive on December 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Prob. Ca. of Prostate & Bladder Unk.
Chr. Glomerularnephritis Unk.

Due to Primary in Prostate
Due to 5/1
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? _____

(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature A. B. Fleet (M. D. _____)
Address 2601 W. Whittier Date signed 12/17/43

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

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.....

Thomas J. [Signature]

Licensed Embalmer No. 4259

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.