

FILED AUG 5 1944

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1619

1. PLACE OF DEATH

(a) County St. Louis County
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6363 1/2 Baltimore Ave 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Year No)
If yes, name country _____

3. (a) PRINT FULL NAME Emily Caldwell

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced M!
6. (b) Name of husband or wife Jesse Caldwell
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 3-18-89
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 27 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Richard William

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

14. Maiden name Unknown

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

16. (a) Informant Self

(b) Address 6363 1/2 Baltimore Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-2-44
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament

19. (a) JUL 31 1944 (Date received local registration) (b) E. J. McHarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30
year 1944 hour 12:10 minute A M.

21. I hereby certify that I attended the deceased from 7
26, 1944, to 7-30, 1944,
that I last saw her alive on 7-30, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Cardiac failure
Due to Cerebral accident 1 1/2 years
and 2 1/2 hrs

Other conditions Scoliosis of spine
(Include pregnancy within 3 months of death)

Major findings: Of operations 87%
Of autopsy Impacted kidney
Brain weight examined

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 0

23. Signature James Conner (M. D.)

Address St. Louis, Mo Date signed 7-31

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

196
2
3

306 10/11

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 *W. J. Neely*
Licensed Embalmer No. 3225
P. O. Address 1125 Hodiamont Ave.

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.

10/11