S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14991

FILED JUN 4 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4571

1. PLACE OF DEATH:

(a) County

(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:
Barnes Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Palmyra
(If outside city or town limits, write "RURAL") 5

(d) Street No. 315 West Ross N.R.
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emerson James Caldwell

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. Nil

4. Sex Male 6

5. Color or race White

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

6. (b) Name of husband or wife Alma Dickson Caldwell

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May (Month) 30 (Day) 1895 (Year)

8. AGE: Years 49 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Rotterdam Junction (City, town, or county) New York / (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name William Henry Caldwell
13. Birthplace Glenville (City, town, or county) New York / (State or foreign country)

MOTHER
14. Maiden name Martha Daggitt
15. Birthplace Glenville (City, town, or county) New York / (State or foreign country)

16. (a) Informant Mrs. Alma Caldwell
(b) Address Palmyra, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 23 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1945 hour 4:00 minute a. M.

21. I hereby certify that I attended the deceased from April 26, 1945, to May 22nd, 1945 that I last saw him alive on May 22, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to: Malignant nephrosclerosis	8 months
Due to: Uremia	
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 J R Bradley (M. D. or other)
Address Barnes Hospital Date signed 5/22/45

(Licensed Embalmer's Statement on Reverse Side)

JUL 5 1946

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 John Agonoski

Licensed Embalmer No. 3398

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.