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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18602

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5543

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 2924 Lucas Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Viola Caddells

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 8th, 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Colombus (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Lee Whitefield
13. Birthplace Colombus (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Julia Mixon
15. Birthplace Colombus (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Julia Robinson
(b) Address 212 Grand Cen, Hotel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St

19. (a) JUN 26 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22, year 1945 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 5, 1945 to June 22, 1945, that I last saw her alive on June 22, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia (left lower lobe)	23 days
Lung Abscess (lt. lower lobe) non tuberculous	23 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations

Of autopsy See above

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 B. F. Murphy (M. D. or other)
Address 6601 Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 L Boeykin, Registered Apprentice No. [illegible], working under my personal supervision.

Signed Lonnie Boeykin

Licensed Embalmer No. 2946

P. O. Address St Louis MO

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.