S. No. 2
M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31750

State File No. 9331

FILED NOV 2 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9331

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Yrs. 6 Mo. 19 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 317
(d) Street No. 5800 Arsenal St., (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Georgia Caldwell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased — (Month) — (Day) 1879 (Year)

8. AGE	Years	Months	Days	If less than one day
abt	66	?	?	hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Unknown
11. Industry or business Unknown
MOTHER FATHER
12. Name Unknown
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 M. Geasland
(b) Address 5800 Arsenal St.,
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 10-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director C. Ruffer
(b) Address 3700 Rutgers
19. (a) OCT 29 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29 year 1945 hour 1:15 P.M. minute M.
21. I hereby certify that I attended the deceased from July 2, 1945, 19..., to Sept. 29, 1945 that I last saw her alive on Sept. 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular Accident 2 Months — *Duration*
Arteriosclerotic Brain Disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 0
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 0
23. Signature Paul Rudolph Boroich (M. D. or other)
Address City Infirmary Date signed 9-30-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.