

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9944**
2675

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 530 N. UNION BLVD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 530 N. UNION BLVD.		12. CITIZEN OF WHAT COUNTRY? USA	

3. NAME OF DECEASED (Type or Print) SARAH	a. (First)	b. (Middle) INEZ	c. (Last) CALDWELL.	4. DATE OF DEATH (Month) (Day) (Year) MARCH 20, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 17, 1878	9. AGE (In years last birthday) 72 If under 1 year: Months 4 Days 3 Hours 0 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Brunswick, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Isaac Kinley	13b. MOTHER'S MAIDEN NAME Sarah Davis	14. NAME OF HUSBAND OR WIFE John Handley Caldwell.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John H. Caldwell-530 N. Union Blv'd.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH Several years Many years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Heart

22. I hereby certify that I attended the deceased from **many years**, to **Mar 20, 1951**, that I last saw the deceased alive on **Mar 20, 1951**, and that death occurred at **5 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Oliver Kuten M.D.	23b. ADDRESS St Louis Mo	23c. DATE SIGNED 3/21/51
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3-22-51	24c. NAME OF CEMETERY OR CREMATORY I.O. O.F Cemetery
24d. LOCATION (City, town, or county) (State) Marion, Indiana		

DATE REC'D BY LOCAL REG. MAR 22 1951	REGISTRAR'S SIGNATURE J.P. Lester	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,
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WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Arnold W. Schoene

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

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.