

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28112

State File No. ....

Registrar's No. 7492

FILED SEP 1 1951

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G. Phillips Hospital</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>	
		d. STREET ADDRESS (If rural, give location) <i>2926 Lucas Ave</i>	

3. NAME OF DECEASED a. (First) <i>Myrtle</i>	b. (Middle)	c. (Last) <i>Caldwell</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>8 19 51</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 13 1909</i>	9. AGE (In years last birthday) <i>42</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Pearl River Mississippi</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Richard Mallett</i>	13b. MOTHER'S MAIDEN NAME <i>Katie L. East</i>	14. NAME OF HUSBAND OR WIFE <i>George Caldwell</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>unknown</i>	17. INFORMANT'S SIGNATURE OR NAME <i>George Caldwell</i>	ADDRESS <i>2530 Boston</i>
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Rheumatic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Congestive Heart Failure</i>		
	DUE TO (c) <i>Undet.</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <i>H16X</i>
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22. I hereby certify that I attended the deceased from *8-10-51*, 19\_\_\_, to *8-19-51*, 19\_\_\_, that I last saw the deceased alive on *8-19-51*, 19\_\_\_, and that death occurred at *10:15 pm* from the causes and on the date stated above.

23a. SIGNATURE <i>Dwenzel W. Harris</i> (Degree or title) <i>M. D.</i>	23b. ADDRESS <i>2601 N. Whittier</i>	23c. DATE SIGNED <i>8-20-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8/23/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>GREENWOOD CEMETERY</i>	24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS CO.</i>
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DATE REC'D BY LOCAL REG. <i>AUG 22 1951</i>	REGISTRAR'S SIGNATURE <i>Earl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Raymond J. Hone</i>	ADDRESS <i>3704 Finney</i>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Lawrence Woodson*

Licensed Embalmer No.

*4341*

P. O. Address

*St. Louis 13, 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.