

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35209**  
Registrar's No. **9594**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **St Louis** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If notify hospital of institution, give street address and location) HOSPITAL OR INSTITUTION **St. Ann's Phillip Hosp** e. STREET ADDRESS (If rural, give location) **2716 1/2 Howard**

3. NAME OF DECEASED (Type or Print) a. (First) **Bessie** b. (Middle) **Caldwell** c. (Last) \_\_\_\_\_ 4. DATE OF DEATH (Month) (Day) (Year) **Oct 20 1954**

5. SEX **Female** 6. COLOR (OR RACE) **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **26 July 1914** 9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min. **40**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Cook** 10b. KIND OF BUSINESS OR INDUSTRY **Butry Cook** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo., U.S.A.** 12. CITIZEN OF WHAT COUNTRY \_\_\_\_\_

13a. FATHER'S NAME **Tobias** 13b. MOTHER'S MAIDEN NAME **Hettie Johnson** 14. NAME OF HUSBAND OR WIFE **Andrew Caldwell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) **No** (If yes, give year or dates of service) **No** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Andrew Caldwell** ADDRESS **2716 1/2 Howard**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
DUE TO (b) **Pulmonary Congestion**  
DUE TO (c) **Cardiac Myopathy**  
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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4343**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:01 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Patrick C. Taylor** (Name or title) **Coroner** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **10.22.54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **25 Oct 1954** 24c. NAME OF CEMETERY OR CREMATORY **Father's Day** 24d. LOCATION (City, town, or county) (State) **St Louis County MO**

DATE REC'D BY LOCAL REG. **OCT 22 1954** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Reliable Funeral Sys** ADDRESS **1221 No 1st St**

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

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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.....  
Signature of Student Embalmer

Signed *Paul V. Freeman*.....

Licensed Embalmer No. *4686*

P. O. Address *4729 Henn*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.