Health, & Welfare Public Service

. 300
1–57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33314 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8173

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis, Missouri. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 23 St. John's Hospital — Length of stay in 1b: 3½ mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Flat River — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 31 302 Taylor Avenue. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First William Middle Arthur Last Caldwell
4. DATE OF DEATH: August 30, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: July 28, 1894
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Funeral Director
11. BIRTHPLACE (City and state or country): Marquand, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Oscar Caldwell
13b. MOTHER'S MAIDEN NAME: Rachael Wilson
14. NAME OF HUSBAND OR WIFE: Mable E. Caldwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT / Address: Wm. Arthur Caldwell Jr, 2709 Russell Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Biliary cirrhosis c Hepatic failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atelectasis of R [illegible] + m[illegible] lobe [illegible] & left lower lobe
DUE TO (c): Bile peritonitis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 581.0

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June - 48, to 57 aug 30 57 and last saw him alive on aug - 57
Death occurred at 2:30AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John G Leahy MD
22b. ADDRESS: 1617 Brentwood Blvd
22c. DATE SIGNED: 8-31-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-30-57
23c. NAME OF CEMETERY OR CREMATORY: St. Francois Memorial
23d. LOCATION (City, town, or county) (State): Flat River, Missouri.

24. FUNERAL DIRECTOR / ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: SEP 3 '57
26. REGISTRAR'S SIGNATURE: J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1958

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 J. W. M. Dunkley

Licensed Embalmer No. 3653

P. O. Address St. Louis 6, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.