

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

5419
Do not use this space.

1. PLACE OF DEATH **REC'D MAR 14 1938**

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **4659 Greer** Registered No. **2064**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **NORMA Caldwell**
 (a) Residence, No. **4659 Greer** St. **10**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harley T. married**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 5, 1885**

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
52 7 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Evansville, Indiana**
 13. NAME **John Shaneman**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

MOTHER
 15. MAIDEN NAME **Katherine Barto**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

17. INFORMANT (ADDRESS) **N. G. Caldwell St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **E. St. Louis, Mo.** DATE **Feb. 26, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **East St. Louis, Mo.**

20. FILED **FEB 28 1938** **J. D. Bredek**
 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 25, 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **5:45 PM.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage (Apoplexy)
 Date of onset

Other contributory causes of importance:
Renal Sclerosis.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **YES**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... **See above**
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **11**
 If so, specify.....
 (Signed) **Joseph H. Sauer**, M.D.
 (Address) **Deputy Coroner**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, C. G. Kurvus, Jr., Licensed Embalmer No. 3162

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

C. G. Kurvus, Jr.

Licensed Embalmer No. 3162

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.)