

1939 APR 12 1939

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

8847
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791
(b) Township St. Louis Mo Primary Registration District No. 1003
(c) City St. Louis Mo (d) Street No. St. Johns Hosp Registered No. 2612
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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.

2. PRINT FULL NAME

George Herman Caldwell
(a) Residence, No. 1 Overland Mo St. NR
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Audrey Trammell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-25-1902
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 9 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. FARMER
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo

FATHER 13. NAME Wm A Caldwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Audrey Caldwell
(ADDRESS) Overland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Conraden Mo DATE 3/21/39

19. FUNERAL DIRECTOR Sullivan
(ADDRESS) 2849 No. 24th

20. FILED J. B. Budnik
Local Registrar.

MAR 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1939 to Mar 19 1939
I last saw him alive on Mar 18 1939 Death is said to have occurred on the date stated above, at 4 4 m.

The principal cause of death and related causes of importance were as follows:

Laparotomy
Following operation for ruptured gastric ulcer

Date of onset

Other contributory causes of importance:
Ruptured gastric ulcer

Name of operation Abdominal Date of 3-12-39

What test confirmed diagnosis? Lab 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robt. Nyland, M.D.

(Address) 3901 Park Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Albert Mayfield, Licensed Embalmer No. 3077
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Mayfield
No. _____ or by Henry Chan Tunesi, Registered Apprentice No. 170
working under my personal supervision.

Signed Albert Mayfield
Licensed Embalmer No. 3077

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.)