

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2729 Semple ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 80 years 8 mo 26 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis
(c) City or town St Louis 617
(If outside city or town limits, write "RURAL")
(d) Street No. 2729 Semple ave 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME WALTER CAFFALL

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Belle Caffall 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 11 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman
Retired 10 yrs ago General Motors

11. Industry of business _____

12. Name Thomas Caffall

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Calderwood
(b) Address 2729 Semple Ave.

17. (a) Burial (b) Date thereof Jan 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Harry Robins
(b) Address 417 N 8th St E St Louis

19. (a) JAN 7 1941 (b) J. J. Prudeh
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Jan 6 1941; that I last saw him alive on Jan 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration several years

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature Olyvia E. Kane (M. D. or other) W.H.

Address 4625 Newberry Date signed 1/7/41

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

0
7
9

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address P. Harris Ill

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, above space should be left blank.