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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22673

State File No. 6618

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jewish Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ½ day (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5881 Plymouth (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Robert Newman Caver

3. (b) If veteran, name war No

3. (c) Social Security No. 486-22-8086

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 25 (Day) 1880 (Year)

8. AGE: Years 62 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Dallis (City, town, or county) Texas (State or foreign country)

10. Usual occupation Insurance Adjuster

11. Industry or business Layton-Byrne-Brunner

MOTHER FATHER

12. Name Robert E. Caver

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

14. Maiden name Mary Byrne

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

16. (a) Informant Dorothy M. Caver

(b) Address 5881 Plymouth

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) AUG 5 1942 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1942 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from November 26, 1942, to Aug 3, 1942, that I last saw h alive on Aug 3, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration

Due to Nephrosclerosis

Due to Hypertension

Due to Generalized Arteriosclerosis

Due to ~~[illegible]~~ Heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank O. Stern (M. D. or other) M.D.

Address 1185 Hamilton Date signed Aug. 4, 42

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Bernard J. Stuart

Licensed Embalmer No. 3500

P. O. Address.....

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, fact should be so stated above.