

FILED MAY 29 1943

Registration District No. 217

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-35 Fair Oaks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME RALPH C. CAVE

3. (b) If veteran, name war none
3. (c) Social Security No. 558-10-2235

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

6. (b) Name of husband or wife Emma Jane Rorer Cave
6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased June 2 1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>11</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation production for

11. Industry or business Ely Walker Dry Goods Co.

12. Name Edward Powell Cave

13. Birthplace Orange County Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Ralph Eugenia Moll

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Jane Rorer Cave

(b) Address 35 Fair Oaks, Clayton, Mo.

17. (a) CREMATION (b) Date thereof 5-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CREMATORY

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd, St. Louis

19. (a) 5-24-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 35 Fair Oaks
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 13, 1942, to May 22, 1943;
that I last saw him alive on May 22, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death nephritis Duration 2 mo.

Due to upper respiratory infection LWB

Due to _____

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

Major findings: Of operations none PHYSICIAN _____

Of autopsy none 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Paul E. Antledge (M. D. or other) MD
Address Kirkwood, Mo Date signed 5-24-43

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

MOTHER FATHER

JUN 22 1942
Dr. Paul E. Rutledge
411 N. Kirkwood Road
St. Louis, Mo. 63104
8-9:30 A.M.
1-3 P.M.

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.....

Paul Kemmer, Registered Apprentice No. *3151*
working under my personal supervision.

Signed *Clarence H. Murray*
Licensed Embalmer No. *4011*
P. O. Address *St. Louis, 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 this body is not embalmed, fact should be so stated above.