

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14572
3372
Registrar's No. _____

Registration District No. 318 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
13472

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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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County MARION 994
(c) City or town Alton
(If outside city or town limits, write "RURAL") NK 0
(d) Street No. 1500 Langdon
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME LILLIAN CALDWELL
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5th
year 1946 hour 1 minute -- P.M.
21. I hereby certify that I attended the deceased from April 4, 1946 to April 5, 1946
that I last saw her alive on April 5, 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife EBENEZER MARSH CALDWELL
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUG. 10 1865
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion and pulmonary edema Duration _____
Due to Cataract extraction
Due to Senile cataract, both eyes

8. AGE: Years 80 Months 7 Days 26
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace ALTON ILL
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business RETIRED

MOTHER-FATHER {
12. Name JOHN LEWIS BLAIR
13. Birthplace KNOXVILLE TENN.
(City, town, or county) (State or foreign country)
14. Maiden name SARAH ATWOOD
15. Birthplace NEW BOSTON NEW HAMPSHIRE
(City, town, or county) (State or foreign country)

16. (a) Informant Edith W. Blair
(b) Address 1503 Langdon St. Alton Ill
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-8-1946
(Month) (Day) (Year)

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 FR Madley (M. D. or other) _____
Address Barnes Hospital Date signed 4/5/46

(c) Place burial or cremation ALTON CITY
18. (a) Signature of funeral director Robt A. Morrow
(b) Address 603 HENRY ST ALTON ILL
19. (a) Date received APR 5 1946 (Registrar's signature) J. F. Brudeck

2188

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 *Robert M. Snow*

Licensed Embalmer No. 6133

P. O. Address Altou Hill

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.