. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32385
Registrar's No. 9172

1. PLACE OF DEATH:
(a) County: None
(b) City or town: Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4481 Evans Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... (Specify whether years, months or days)
In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: None
(c) City or town: Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 4481 Evans Avenue
(If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: CALDWELL, John E.
3. (b) If veteran, name war:
3. (c) Social Security No.: 488-16-7433
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Cora
6. (c) Age of husband or wife if alive: ... years
7. Birth date of deceased: November (Month) 3rd (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
64	10	28	... hr. ... min.

9. Birthplace: Water Valley (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation: Porter
11. Industry or business: Famous-Barr Company
MOTHER FATHER
12. Name: Unavailable
13. Birthplace: " (City, town, or county) " (State or foreign country)
14. Maiden name: "
15. Birthplace: " (City, town, or county) " (State or foreign country)
16. (a) Informant: Holland Townson
(b) Address: 4481 Evans Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 7, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem
18. (a) Signature of funeral director: Charles J. Gates
(b) Address: 4107 Finney Ave.
19. (a) OCT 3 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st year 1947 hour 2 minute 45 a. M.
21. I hereby certify that I attended the deceased from June 29th, 1946 to October 1st, 1947; that I last saw him alive on October 1st, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Occlusion	1½
Due to:	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: None	

PHYSICIAN — Underline the cause of 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: S. B. Vagner M.D. (M. D. or other)
Address: 2416 N. Whittier St. Date signed:

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 ~~XXXX~~

Thomas J. Gates ~~XXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.