No. 300
10.46

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24393

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 6822

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1031a Dolman Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2229
d. STREET ADDRESS (If rural, give location) 1031a Dolman Street

3. NAME OF DECEASED (Type or Print)
a. (First) GLYNN
b. (Middle) D
c. (Last) CALDWELL

4. DATE OF DEATH (Month) (Day) (Year) July 29, 1951

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D
8. DATE OF BIRTH Jan. 1, 1890
9. AGE (In years last birthday) 61 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Ellsworth Arkansas
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Freeland H. Caldwell
13b. MOTHER'S MAIDEN NAME Ann Patton
14. NAME OF HUSBAND OR WIFE Leona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W W #1
16. SOCIAL SECURITY NO. 430-01-8481
17. INFORMANT'S SIGNATURE OR NAME Letty Livingston **ADDRESS** 1031a Dolman Street

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis liver — INTERVAL BETWEEN ONSET AND DEATH: unkn

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 581.0

22. *I hereby certify that I attended the deceased from* July 20, 1951, *to* July 29, 1951, *that I last saw the deceased alive on* July 25, 1951, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. G. Moore M.D. (Degree or title)
23b. ADDRESS 9-17-80 18
23c. DATE SIGNED 7-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-1-51
24c. NAME OF CEMETERY OR CREMATORY National
24d. LOCATION (City, town, or county) (State) Jeff. Bks. Mo.

DATE REC'D BY LOCAL REG. JUL 30 1951
REGISTRAR'S SIGNATURE J B Parsons
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin **ADDRESS** 2301 Lafayette Avenue

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. G. Moore, MD
18th and Chouteau Avenue

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 ..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Student Embalmer

Signed L. P. Cooper

Licensed Embalmer No. 8833

P. O. Address 2317 Lafayette

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.