

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. #2

1. PLACE OF DEATH  
a. COUNTY St. Louis  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 4yr-5mo  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri

d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital d. STREET ADDRESS (If rural, give location) 12 5351 Delmar Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) ----- c. (Last) Caldwell 4. DATE OF DEATH (Month) (Day) (Year) 1 1 56

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH 2-1-1866 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 11 Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_ 10b. KIND OF BUSINESS OR INDUSTRY Retired U. S. Marshal 11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert E. Caldwell 13b. MOTHER'S MAIDEN NAME Mary Louise Peage 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Lewis C. Robertson ADDRESS Masonic Home of Missouri, 5351 Delmar

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, asthma, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial infarction INTERVAL/BETWEEN ONSET AND DEATH 12 hrs.  
ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease 20 yrs  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis 20 yrs  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 4200 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 7-14, 1944, to 1-1, 1956, that I last saw the deceased alive on 12-31, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold E. Walters M.D. 23b. ADDRESS 3720 Washington St. Louis, Mo. 23c. DATE SIGNED 1-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION 24b. DATE JAN 3, 1956 24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY 24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO.

DATE REC'D BY LOCAL REG. JAN 3 1956 REGISTRAR'S SIGNATURE J. Earl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons ADDRESS 6175 Delmar

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

8001

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 *Joseph E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6755 Pellmar*

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.