

STATE FORM NO. 1

Princeton

Princeton Hospital

Charles W. Caldwell Jr.

Nov. 1, 1957

BIRTH

Death--Aug. 2, 1901
 Head Football Coach,
 Princeton Univ.
 Born--Bristol, Tenn.
 Lena Snapp

Laws C. Kleinhaus

1. PLACE OF DEATH		2. SPECIAL REQUIREMENTS	
a. COUNTY <i>Hudson</i>		b. SPECIAL REQUIREMENTS 1. THIS DECEASED BEARER IS SUBJECT TO: a. STATEMENT b. COUNTY c. LOCAL (Check box and give name)	
3. CITY a. CITY <input type="checkbox"/> (Check box and give name) b. BOROUGH <input type="checkbox"/> c. TOWNSHIP <input checked="" type="checkbox"/> <i>Princeton</i>		4. COUNTY a. COUNTY <input type="checkbox"/> b. BOROUGH <input type="checkbox"/> c. TOWNSHIP <input checked="" type="checkbox"/> <i>Princeton Twp.</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Princeton Hospital</i> (First) (Middle) (Last)		6. STREET ADDRESS <i>1405 ROAD PRINCETON N.J.</i> (Street) (Block) (Room) (Floor)	
7. NAME OF DECEASED <i>CHARLES W. CALDWELL JR.</i>			8. DATE OF DEATH <i>Nov. 1st 1957</i> (Month) (Day) (Year)
9. SEX <i>M</i>	10. COLOR OF HAIR <i>W</i>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>unmarried</i>	12. DATE OF BIRTH <i>Aug. 2, 1901</i>
13. USUAL OCCUPATION (Give kind of work from Department of Census, if not listed) <i>Head Football Coach</i>	14. KIND OF BUSINESS OR INDUSTRY <i>Private Univ.</i>	15. COUNTY PLACE <i>Princeton, Tenn.</i>	16. AGE (In years last birthday) / MONTHS / DAYS <i>56</i>
17. FATHER'S NAME <i>Charles W. Caldwell</i>	18. SOCIAL SECURITY NO.	19. MOTHER'S MAIDEN NAME <i>LENA SWAPP</i>	20. CITIES OF WHAT COUNTY <i>U.S.A.</i>
21. WAS DECEASED EVER IN U.S. ARMY OR NAVY (Yes, no, or unknown) (If yes, give war or status of service)	22. MEDICAL CERTIFICATION <i>FROM UREMIA</i>	23. INTERVAL BETWEEN ONSET AND DEATH <i>ONE YEAR</i>	
24. 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, pneumonia, etc. It means the disease, injury, or complication which caused death.	25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ANTECEDENT CAUSES "DUE TO" <i>CARCINOMA OF SIGMOID</i> Mental conditions, if any, giving rise to the above cause (a) and the underlying cause last. "DUE TO" (c) 26. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	27. DATE OF OPERATION	
28. MAJOR FINDINGS OF OPERATION	29. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	30. ALLEGED SERVICE (Specify)	
31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	32. (CITY, BOROUGH, OR TOWNSHIP) (COUNTY) (STATE)	33. TIME (Month) (Day) (Year) (Hour)	
34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	35. HOW DID INJURY OCCUR?		
36. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and the death occurred at _____, from the onset and on the date stated above.			
37. SIGNATURE <i>L. C. Kleinhaus</i> (Name or title)	38. ADDRESS <i>Princeton N.J.</i>	39. DATE SIGNED <i>11-1-57</i>	
40. SPECIAL CREMATION REMOVAL (Specify) <i>Cremination</i>	41. DATE <i>Nov. 2 1957</i>	42. NAME OF CEMETERY OR CREMATORY <i>Ewing Crematorium</i>	43. LOCATION (City, borough, or township) (State) <i>Trenton - N.J.</i>
44. DATE RECD BY LOCAL HEALTH DEPT. <i>11-6-57</i>	45. REGISTRAR'S SIGNATURE <i>David T. Blake</i>	46. FUNERAL DIRECTOR'S SIGNATURE <i>Edward Thibault</i>	47. N.J. LICENSE NO. ADDRESS <i>11-7. Princeton</i>