

APR 30 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10162

1. PLACE OF DEATH

County St Louis
Township PARONDELE
City St Louis (No. 307)

Registration District No. 3Primary Registration District No. 5565 E

File No.

Registered No. 66

St. Ward)

2. FULL NAME

Dr. Castanis
(a) Residence. No. 307 Weiss Ave St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

George Castanis

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 8 1898

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>32</u>	<u>8</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Louis Mo.

10. NAME OF FATHER

August Kummel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

St Louis Mo.

12. MAIDEN NAME OF MOTHER

Mary Loebig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

14. INFORMANT

George Castanis
(Address) 307 Weiss Ave

15. FILED

Mar 1 1930 L. C. Obrock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1930

17.

I HEREBY CERTIFY, That I attended deceased from 3/8, 1930 to 3/9, 1930 that I last saw him alive on 3/9, 1930, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

Valer Heart Disease (duration) 3 yrs. mos. ds.
7 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Newman, M. D.3/10 1930 (Address) 7072 1/2 Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Old St Marcus3/12 1930

20. UNDERTAKER

Fendler Mnd. Co

ADDRESS

787 Michigan

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Eye
29248 4/10/00