

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

Do not use this space.

7390

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St Louis mo No. 2615, Lafayette

File No.....
Registered No. 1706
St..... Ward)

2. FULL NAME

Emeline Castile
(a) Residence. No. 2615 Lafayette St., 23 Ward.

(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-19-1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) mo

PARENTS
10. NAME OF FATHER Thomas Ogle
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) mo
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) mo

14. INFORMANT Charles Castile
(Address) 7333 Elm

15. FILED FEB 10 1931 REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-8 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb 4th, 1931, to Feb 8th, 1931, that I last saw her alive on Feb 7th, 1931, and that death occurred, on the date stated above, at 11 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral embolism
non tubercular
93c
I.N.B. (duration)..... yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS all normal
(Signed) [Signature], M. D.
2-9, 1931 (Address) 2278 S. Jefferson

*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 Memorial Park DATE OF BURIAL 2-10 1931

20. UNDERTAKER Mrs Laughlin ADDRESS 1631 mo ave,

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

S. J. H.