Gibson
to Washington Blvd

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

Do not use this space.

6613

File No.

Registered No. 1687

1. PLACE OF DEATH

County

Registration District No. 79E 12103

Township

Primary Registration District No.

City ST. LOUIS MO. (No. 5407 N. EUCLID AVENUE. St. Ward)

2. FULL NAME HARRIETT ELIZABETH CAST.

(a) Residence, No. 5407 N. EUCLID AVENUE. St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE.	WHITE.	MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/27/1851.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
80	2	21.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE.

FATHER

13. NAME NOAH MAPLES.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

MOTHER

15. MAIDEN NAME SARAH GREENWAY.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

17. INFORMANT Archie T. Cast
(ADDRESS) 5407 N. EUCLID AVENUE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE BELLEFONTAIN CEMETERY. 2/22/32. 19

19. UNDERTAKER Provost Undertaking Co.
(ADDRESS) 3710 N. GRAND BLV'D.

20. FILED FEB 20 1932 19 Geo. W. J. Mellitz Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1931, to Feb 18, 1932
I last saw h. alive on Feb 16, 1932. Death is said to have occurred on the date stated above, at 12-35 m P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Arteria Sclerosis	Nov 3 1931
(2) Cerebral Hemorrhage	
Other contributory causes of importance:	
Arteria Sclerosis 97	

Name of operation none Date of
What test confirmed diagnosis? Clinical & L. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) D. M. Gibson, M. D.
(Address) 433 7 Washington Blvd

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.