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

MAR 24 1934

Do not use this space.

6193

1. PLACE OF DEATH
County St. Charles — Registration District No. 751 — File No.
Township St. Charles — Primary Registration District No. 3036 — Registered No. 24
City St. Charles (No. St. Joseph Hospital St. Ward)

2. FULL NAME J. L. Castlio

(a) Residence, No. St., Ward.
(Usual place of abode) Chesterfield Mo. (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: Male
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 Amanda Castlio

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 - 1864

7. AGE: Years 69 — Months 4 — Days 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agriculture
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) Howell (STATE OR COUNTRY) Mo

FATHER
13. NAME Jasper N. Castlio
14. BIRTHPLACE (CITY OR TOWN) Howell (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mahalia Rulhley
16. BIRTHPLACE (CITY OR TOWN) O'Fallon (STATE OR COUNTRY) Mo

17. INFORMANT Polson McCausland (ADDRESS) Elmwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Howell Mo DATE 2-21 1934

19. UNDERTAKER T. Ottinger (ADDRESS) Wentzville Mo

20. FILED 2/20/34 19 Clarence G. Hesser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 18TH 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1933, to Feb. 18, 1934
I last saw h. alive on Feb. 18, 1934. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
139	
335B	

Other contributory causes of importance:
Senilitis

Name of operation Bronchial Pneumonia Date of 1/23/34
What test confirmed diagnosis? Clinical 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) Ben L. Hendricks, M. D.
(Address) St. Charles, Mo.

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.

#2

St Charles

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

6193

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

2d

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: J. L. Castlio

Who died at _____ on Feb 18 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W ~~Single~~, married, ~~widowed or divorced~~: _____

Date of birth _____ Age: Years 69 Months 4 Days 2

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Chr. Myocarditis -

Birthplace of father (State or country) Fayette

Birthplace of mother (State or country) _____

Principal cause of death: Myocarditis, Chronic (Cardiac decompensation)

Other contributory causes of importance: Hypertrophy of prostate, benign.

Name of operation Transurethral Prostatectomy Date of January 10, 1934

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician B. L. Neubeiser M.D.

Address of physician 206 Washington St - St. Charles, Mo

X Signature of Registrar X Clarence H. Meadows Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D.

Special Agent.

Reg. Dist. No. 757

Primary Reg. Dist. No. 3036

S.C.

S-6193