

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

Do not use this space.

MAY 25 1934

14685

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **3868<sup>th</sup>** Page **1003**)

File No. ....  
 Registered No. **3871** .....  
 St. .... Ward)

**2. FULL NAME ALBERT CASTLE**

(a) Residence, No. **3868<sup>th</sup>** Page **1003** St. **11** 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Grace Castle</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 11 - 1882</i>		
7. AGE	YEARS	MONTHS
	<i>51</i>	<i>5</i>
		DAYS
		<i>3</i>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>	
	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) <i>Chicago Ill</i>		
FATHER	13. NAME <i>Don't know</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Don't know</i>	
MOTHER	15. MAIDEN NAME <i>Don't know</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Don't know</i>	
17. INFORMANT (ADDRESS) <i>Mrs Grace Castle 3868<sup>th</sup> Page Blvd</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cem</i> DATE <i>April 18 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Central Ind &amp; Co Inc 1841 Gaslight Ave</i>		
20. FILED <i>APR 21 1934</i> <i>J. Brebeck</i> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 14 1934*

22. I HEREBY CERTIFY, That I attended deceased from *March 1* 19*34* to *April 14* 19*34*  
 I last saw him alive on *April 14* 19*34* Death is said to have occurred on the date stated above, at *1 P* m.  
 The principal cause of death and related causes of importance were as follows:  
*Angina Pectoris*  
*94%*  
 Other contributory causes of importance:  
*Coronary thrombosis*  
*High blood pressure 10%*  
*Hypertension*  
 Name of operation *none* Date of .....  
 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?  
 If so, specify .....  
 (Signed) *J. Brebeck* M. D.  
 (Address) *1851 E. ...*

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.

