

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.

AUG 25 1936

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

Do not use this space.

29391

1. PLACE OF DEATH

County.....St. Louis..... Registration District No.....1123
Township.....Carondelet..... Primary Registration District No.....6248 B
City.....(No.....Miss. River..... St..... Ward)

2. FULL NAME Frederick Castleman

(a) Residence, No. 5247 Tholozan Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 19 1917</u>				
7. AGE YEARS <u>18</u>	MONTHS <u>9</u>	DAYS <u>4</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hadley Voc.</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) <u>Oak Park Ill.</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Vincent Castleman</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Rumania</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Frances Bentz</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Wisconsin</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Vincent Castleman</u> (ADDRESS) <u>5247 Tholozan Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chicago Ill.</u> DATE <u>July 26</u> , 19 <u>36</u>				
19. UNDERTAKER <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4228 S. Kingshighway Blvd.</u>				
20. FILED <u>July 26</u> , 19 <u>36</u> <u>L. Mowry</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25/1936 .19

22. I HEREBY CERTIFY THAT I attended deceased from 19....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:11 a.m.
The principal cause of death and related causes of importance were as follows:
Drowned in Mississippi river, Found in river, Carondelet township, been missing since 7/23/1936. Whether accident or suicide (question). Left home from statement of his mother to go to ball game and from there to go swimming. Evidently was in swimming and drowned. Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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.....7/25/36
(Signed).....Lucretia B. Sumner, M. D.
(Address).....3718 Jennings, P. d.
Coroner Thomas B. Mc...

