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.

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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4160

Township ..... Primary Registration District No. 1003 Registered No. 1203

City St. Louis (No. St. Johns Hosp.) St. ..... Ward)

2. FULL NAME Ida F. Kastl.

(a) Residence, No. 2913 Indiana St., 24 Ward. 1
(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: Female
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 Joseph Kastl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11 1876

7. AGE: YEARS 60 | MONTHS 2 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

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. 235

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) St. Louis Mo. 1

FATHER

13. NAME William Schmidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Sophie Seibert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Joseph Kastl 2913 Indiana Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE 1-29 1937

19. UNDERTAKER (ADDRESS) Witt Bros. L. & N. Co. 2929 S. Jefferson Av.

20. FILED JAN 27 1937, 19 J. Bledeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 18, 1937, to Jan 26, 1937

I last saw her alive on Jan 26, 1937 Death is said to have occurred on the date stated above, at 11 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast	1 yr. ago?
50	
Other contributory causes of importance: Post-operative pneumonia	1/22/37

Name of operation Removal breast Radical Date of 1/19/37

What test confirmed diagnosis? X-ray 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) Pierce W. Powers, M. D.

(Address) 2531 So. Jefferson