

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.

JUL 0 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... St. Louis (No. City Hospital No. 1)

File No. 22322  
Registered No. 6074  
St. .... Ward)

C 2606

2. FULL NAME

Elmetta Castello

(a) Residence, No. 206 Valentine St. 25 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 female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
Att. 34

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hosp. Info. M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 6-26-37

19. UNDERTAKER (ADDRESS) Harry J. ...

20. FILED JUN 23 1937 J. T. Briedeck (Address) City Hospital No. 1 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2/37 19

22. I HEREBY CERTIFY, That I attended deceased from 5/24/37 19 to 6/2/37 19

I last saw h. here on 6/2/37 19. Death is said to have occurred on the date stated above, at 1. a. m.

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

*hypotonia of the central nervous system*  
*2 H.*  
Other contributory causes of importance:  
*fibroid of the uterus non malignant*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Charles M. Jessner, M. D. City Hospital No. 1

