

JAN 10 1938

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

43598
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5322 Oriole** Registered No. **11848**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Cyndusky Casteel**

(a) Residence, No. **5322 Oriole** St. **7**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Arnold Casteel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 25, 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc. **255**
 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) **Carrolton Illinois**

13. NAME **Unknown Zerby**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT (ADDRESS) **Margaret Casteel 5322 Oriole Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery Dec. 24, '37**

19. FUNERAL DIRECTOR (ADDRESS) **Wrench, Geo. C. 2201 So. Grand Blvd.**

20. FILED **DEC 24 1937 J. G. Bredeck Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 22 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 20 1937 to Dec 22 1937**

I last saw her alive on **Dec 22 1937** Death is said to have occurred on the date stated above, at **5:39 a.m.**

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: **Hypertension chronic nephritis**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 **Chronic Nephritis**
 (Signed) **Geo. C. Wrench**, M. D.

(Address) **3157 1/2 Parkway**

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.

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1025 K.12 C.M.
Dr. Otto Hansen
Compton & Park

STATEMENT BY LICENSED EMBALMER

I, George C. Weick Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____
working under my personal supervision.

Signed George C. Weick
Registered Apprentice No. _____
Licensed Embalmer No. 2268

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)