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.

REC'D MAY 6 1938

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

Do not use this space.

15905

1. PLACE OF DEATH

County: Saint Louis — Registration District No.: 784 — File No.:

Township: Carondelet — Primary Registration District No.: 29 — Registered No.: 764

City: ~~Jefferson Barracks~~ (No. ..., Vet Hosp. ..., St. ..., Ward)

2. FULL NAME: John W. CASTRO 236

(a) Residence, No. 622a Geyer Avenue, Saint St., Ward. Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

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: Mrs. Louisa Castro

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9, 1875

7. AGE — YEARS: 63 — MONTHS: 0 — DAYS: 18 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

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): Santa Rosa, California.

FATHER

13. NAME: James Castro

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): -- Not known

MOTHER

15. MAIDEN NAME: Martha Wilcox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known England

17. INFORMANT (ADDRESS): Clinical Clerk VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL: National Jefferson Barr. April 29, 38

19. UNDERTAKER (ADDRESS): Geo. Mordell 1926 Allen Ave.

20. FILED 4-28 1938 T. C. Meyer M.D. D.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938 to April 27, 1938

I last saw him alive on April 27, 1938. Death is said to have occurred on the date stated above, at 2:00 P m.

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

	Date of onset
Arteriosclerosis, generalized	Unkn.

Other contributory causes of importance:

Myocardial damage, congestive type cardiac failure. Valvular Heart Disease, combined; aortic stenosis and mitral insufficiency; Hypertension.	Unkn.

Name of operation: None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.

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