

E. 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.

31 1939

RECEIVED FEB 7 1939

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

3958  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Saint Louis Registration District No. 784  
 (b) Township Carondelet Primary Registration District No. 200  
 (c) City Jefferson Barracks (d) Street No. VETERANS FACILITY Registered No. 189  
 (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 Don Francis Castles  
 (a) Residence, No. \_\_\_\_\_ St.  Safe, Missouri.  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Ida B. Castles (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1884  
 7. AGE YEARS 54 MONTHS 4 DAYS 27 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tool & Die Maker  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 FATHER 12. BIRTHPLACE (CITY OR TOWN) Oskaloosa, (STATE OR COUNTRY) Iowa.  
 13. NAME John Castles  
 14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Iowa  
 MOTHER 15. MAIDEN NAME Isabel Emmons  
 15. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) IOWA  
 17. INFORMANT Clinical Director Jefferson Barracks, Missouri.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM. DATE FEB. 2, 1939  
 19. FUNERAL DIRECTOR (NAME) C. HOFFMEISTER (ADDRESS) 784 S. BROADWAY  
 20. FILED JAN 31 1939 J. A. Meyer Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from January 20, 1939, to January 30, 1939  
 I last saw him alive on January 30, 1939. Death is said to have occurred on the date stated above, at 6:00A m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of the duodenum with metastases to the liver, spleen and retro-peritoneal glands.  
 Other contributory causes of importance:  
Obstruction of the duodeum with dilatation of the stomach.  
 Name of operation: None Date of operation: \_\_\_\_\_  
 Any clinical, manifest, and laboratory findings? Autopsy 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 with findings  
 (Signed) C. V. HUGHES, Chief Med. Off., M. D.  
 (Address) V.A.F., Jefferson Barracks, Mo.

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**