

EB 1 4 1939

DEC'D MAR 13 1939

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

4804
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County St. Louis Registration District No. _____
(b) Township _____ Primary Registration District No. _____
(c) City St. Louis, Mo. (d) Street No. St. Luke Hospital Registered No. 1497
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 JAMES A. CASELTON.

(a) Residence, No. R.R. #5, Berry Road. St. NR Webster Groves, Mo.
(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 (OR) WIFE OF Lucille Walton Caselton.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17th 1885

7. AGE YEARS 53 MONTHS 3 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Director,
9. Industry or business in which work was done, as saw mill, bank, etc. National Lead Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Batchtown, (STATE OR COUNTRY) Ill.

13. NAME William Caselton.

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) England.

15. MAIDEN NAME Anna

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Lucille Caselton. (ADDRESS) Berry Rd., Webster Groves, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Feb. 15th 1939

19. FUNERAL DIRECTOR C. R. Lupton & Sons. (ADDRESS) 7233 Delmar, Blvd. University City

20. FILED FEB 15 1939 J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1939, to Feb 12, 1939

I last saw him alive on Feb 12, 1939. Death is said

to have occurred on the date stated above, at 12:20 a.m.

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

Paralytic ileus following operation for gangrenous appendicitis Date of onset _____

Other contributory causes of importance: _____

Name of operation P. appendectomy P. pylorotomy Date of operation 2/3/39
What test confirmed diagnosis? Operation 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) E. O. Masten, M. D.
(Address) 3720 Washington Ave.

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.

I. X12004

1497

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STATEMENT BY LICENSED EMBALMER

I, Clarence H. Murray, Licensed Embalmer No. 4011

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

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.)