

No. 2  
4-13-40  
5-17-39  
I X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16450

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution Masonic Home of Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 hrs  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Lewis Castleman True  
(b) If veteran, name war Unknown  
(c) Social Security No. None

4. Sex male 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Bessie Mills True  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 16, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 10 23 hr. min.

9. Birthplace Near Newark, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Paper Hanger

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Younger P. True  
13. Birthplace Scott County, Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Hawkins  
(City, town, or county) (State or foreign country)  
15. Birthplace Woodford County, Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch  
(b) Address 5351 Delmar Blvd., St. Louis

17. (a) Removal (b) Date thereof 5/10/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewiston, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave

19. (a) 2110 (b) J. T. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5351 Delmar Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1941 hour 11.10 minute A. M.

21. I hereby certify that I attended the deceased from April 1  
I - 1930 to May 19 - 1941  
that I last saw him alive on May 9, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1-day

Due to Chronic Interstitial Nephritis 1-yr.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Delroy Van... (M. D. or other) \_\_\_\_\_

Address 508 N. Grand Blvd Date signed \_\_\_\_\_

**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 *Robert W. Napp*

Licensed Embalmer No. 1861

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, fact should be so stated above.**