

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26161**
Registrar's No. **1515**

FILED AUG 8 1941

Registration District No. **84** Primary Registration District No. **(1)**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis, Mo.**
(c) Name of hospital or institution: **St. Mary Hospital**
(d) Length of stay: In hospital or institution.....
In this community **Yes**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis, MO.**
(d) Street No. **2126 Edwards St**
(e) Citizen of foreign country? **/** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Carmeline Lacastro**
3. (b) If veteran, name war **NO**
3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **20**
year **1941** hour minute M.
21. I hereby certify that I attended the deceased from **7.15.41**
19..... to **7.19.41** 19.....
that I last saw **her** alive on **7.19.41**
and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **July 15, 1941**
(Month) (Day) (Year)

Immediate cause of death **Atonia of Intestine**
Due to **Developmental Card. Defect**
Due to **57171V**
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations **above**
Of autopsy **above**

8. AGE: -Years Months Days **5**
If less than one day hr. min.
9. Birthplace **St. Louis, MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**
11. Industry or business.....
12. Name **Sam Lacastro**
13. Birthplace **St. Louis, MO.**
14. Maiden name **Mary Consolino**
15. Birthplace **St. Louis, MO.**

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?.....
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.....

16. (a) Informant **Sam Lacastro**
(b) Address **2126 Edwards St**
17. (a) **Burial** (b) Date thereof **7.21.41**
(c) Place: burial or cremation **Old St. Joseph**
18. (a) Signature of funeral director **James P. Colclough**
(b) Address **5423 Daggell Ave**
19. (a) **JUL 21 1941** (b) **JR. Neumann**
(Date received local registrar) (Registrar's signature)

23. Signature **Wesley W. Hanford** (b) For other **OMP**
Address **601 University Club** Date signed **7.21.41**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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, fact should be so stated above.