No. 2
11-10-39
5-17-39
1 X21

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 26893

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 6685

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

492-05-2279

1. PLACE OF DEATH:

(a) County .....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. (Specify whether
In this community About 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~ 000 17 9
(c) City or town St. Louis 13
(If outside city or town limits write "RURAL")
(d) Street No. City Infirmary
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Andrew L. Castor
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife Unk
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased Oct. (Month) 15 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	8	9	hr. min.

9. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Bangert Const. Company

FATHER
12. Name Unknown
13. Birthplace Penn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Arthur F. Bangert
(b) Address Florissant, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.
18. (a) Signature of funeral director White Funeral Home
(b) Address 118 N. Florissant Rd. Ferguson
19. (a) AUG 15 1941 (Date received local registrar) (b) J. F. Bendick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 4 day 14
year 1941 hour 7:00 minute A M.
21. I hereby certify that I attended the deceased from March 7, 1941, to August 14, 1941;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	7-d
Gangrene of Buttock	
Multiple Sclerosis	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury .....
23. Signature Loren F. Blaney (M. D. or other) MD
Address 5600 Arsenal St. Date signed 8-19-41

(Licensed Embalmer's Statement on Reverse Side)

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 Larry W. White

Licensed Embalmer No. 3973

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.