

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7784

7784

Registration District No. 200

Primary Registration District No. 200

Registrar's No. 474

474

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 12/12/41
(Specify whether
In this community unknown
years, months or days)

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. 5830 Lucille Avenue
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME

Glenn A. Casteel

3. (b) If veteran, name war

Spanish-American

3. (c) Social Security No.

309-09-2563

4. Sex

Male

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

7. Birth date of deceased

September 1, 1878

(Month) (Day) (Year)

8. AGE:

Years 63

Months 5

Days 27

If less than one day

hr. min.

9. Birthplace

DeSoto

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Steamfitter

11. Industry or business

MOTHER FATHER

12. Name

David Casteel

13. Birthplace

Tennessee

(City, town, or county)

(State or foreign country)

14. Maiden name

Margaret Johnson

15. Birthplace

Tennessee

(City, town, or county)

(State or foreign country)

16. (a) Informant

M. Schilleg

(b) Address Clinical Clerk, IAF, Jeff. Bks., Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

3/2/42

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director

4911 Washington RI

(b) Address

19. (a) FEB 28 1942

(Date received local registrar)

(b) E. Y. McHarrin

(Registrar's signature)

23. Signature L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Date signed 2/28/42

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th
year 1942 hour 1:08 minute 8 a. M.

21. I hereby certify that I attended the deceased from
December 12, 1941 to February 28, 1942

that I last saw him alive on February 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive and coronary
arteriosclerotic heart disease,

Due to myocardial damage and myocardial
insufficiency. Arteriosclerosis,

Due to general, with cerebral involvement,
and right hemiparesis.

Duration

Unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations -

Of autopsy No 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) NO

(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) (Specify nature of injury)

23. Signature L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Date signed 2/28/42

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

7600

6-42

3

707

MAR 6 1942

MAR 6 1942

BY

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

Thomas R. Penwick

Licensed Embalmer No. 3793

P. O. Address. St. Louis, Mo

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.