

FILED NOV 18 1943

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hosp.,
Max C. Starkloff Memorial**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 Days**
In this community **0** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ben Castleman**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S. 0**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 9th., 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 18 hr. min.

9. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Lawyer**

11. Industry or business _____

MOTHER FATHER { 12. Name **David Castelman**
13. Birthplace **Kv. 1**
14. Maiden name **Sarah Harrison** (State or foreign country)
15. Birthplace **Kv. 1** (State or foreign country)

16. (a) Informant **Sister Jeane**
(b) Address **3225 N. Florissant Ave.**

17. (a) Burial (b) Date thereof **10-28-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **OCT 28 1943** (Date received local registrar) **J. F. Brudick** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3225 N. Florissant Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **27,**
year **1943** hour **1:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **October 15,**
1943 to **October 27,** 19**43**
that I last saw him alive on **October 27,** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach**
Duration _____

Due to _____
Due to _____

Other conditions **Metastasis to liver**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy **Carcinoma of stomach,
liver, and pancreas**
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 **Francis J. ...** (M. D. or other) **U.S.**
Address **1515 Lafayette Avenue.** Date signed **10/27/43**

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

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Ludell

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.