

S. No. 2  
M-9-43  
v. 5-17-39  
1 X37823

**FILED SEP 8 1943**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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: **Barnes Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 days**  
(Specify whether)

In this community **48 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **96**

(c) City or town **University City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6356 Washington**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Elizabeth Kaye Castlen**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Harry W. Castlen**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **July 7 1894**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**50** **1** **14** hr. min.

9. Birthplace **Corney Nebraska**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

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

MOTHER FATHER {

12. Name **William H. Kaye**

13. Birthplace **Cheffield England**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah J. Quigley**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry W. Castlen**

(b) Address **6356 Washington**

17. (a) **Burial** (b) Date thereof **8-24-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Alexander Bone**

(b) Address **6175 Delmar Blvd**

19. (a) **AUG 24 1944** (b) **J. F. Buseck**  
(Date filed for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **21**  
year **1944** hour **8** minute **15** P.M.

21. I hereby certify that I attended the deceased from **8-12** 19**44** to **Aug 21** 19**44**  
that I last saw **her** alive on **Aug 20** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolism** Duration \_\_\_\_\_

Due to **Rheumatic heart disease 6-8 yr.**  
**& Cardiac insufficiency**  
**and Diabetes mellitus**

Other conditions (Include pregnancy within 3 months of death) **61**

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)

(c) Means of injury \_\_\_\_\_

23. Signature **M. C. Abney** (M. D. or other) \_\_\_\_\_

Address **BARNES HOSPITAL** Date signed **8/22/44**

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

OCT 7 1951  
OCT 8 1951

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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 *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6140 Delmar*

**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.