

FILED OCT 20 1944

Registration District No. _____

318

Primary Registration District No. _____

Registrar's No. _____

8654

1. PLACE OF DEATH:

(a) County St. Louis

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

(d) Length of stay: In hospital or institution 8 Hours
(Specify whether years, months or days)

In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 221 Lami St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary E. Castilla

3. (b) If veteran, name war None

3. (c) Social Security No. 495-26-5685

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th
year 1944 hour 3:00 AM minute 20 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia (left lower lobe)

Duration _____

8. AGE: Years About 64 Months _____ Days _____ If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Springfield Ills
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name John Roman

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Harry F. Gray

(b) Address 221 Lami St.

17. (a) Burial (b) Date thereof 10/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. J. Bradley (M. D. or other) _____

Address _____ Date signed 10/11/44

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 11 1944 (Date received local registrar) J. F. Bradley (Registrar's signature)

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

MOTHER FATHER

000
17
9

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108

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed *William K. Buehholz*

Licensed Embalmer No. *2110*

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.