

5. No. 2
-1/47
5-17-39

FILED SEP 15 1947
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1092

1. PLACE OF DEATH:

(a) County... Buchanan

(b) City or town... St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1719 Savannah Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 68 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Buchanan

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

(d) Street No... 1719 Savannah Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME... Estella Cecilia Castle

3. (b) If veteran, name war... No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... September... day... 8
year... 1947... hour... 9... minute... 45 P.M.

4. Sex... Female

5. Color or race... White

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

6. (b) Name of husband or wife... William H. Castle

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

7. Birth date of deceased... December 14 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from...
Sept 9th 1947, to... 19...
that I last saw h..... alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Thrombosis

8. AGE:

Years	Months	Days	If less than one day
74	8	24	hr. min.

Duration

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

Due to.....

Due to.....

10. Usual occupation... At home

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

11. Industry or business... At home

PHYSICIAN

12. Name... Henry Schoenhals

Major findings:
Of operations.....

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

Of autopsy.....

14. Maiden name... Margaret English

Underline the cause of which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant... Miss Elanora E. Schoenhals

(a) Accident, suicide, or homicide (specify).....

(b) Address... St. Joseph, Missouri

(b) Date of occurrence.....

17. (a) Burial... Mt. Mora Cemetery
(Burial, cremation, or removal)

(c) Where did injury occur?.....
(City or town) (County) (State)

(b) Date thereof... 9/10/47
(Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

18. (a) Signature of funeral director... Hester-Bowman

While at work?..... (e) Means of injury...
B W Tadlock Coroner

(b) Address... St. Joseph Mo

23. Signature... King Hill Bldg. (M. D. or O.D.)
Address... Date signed 9/14/47

19. (a) 9-12-47 (Date received local registrar)

(b) L. B. Jenkins (Registrar's signature)

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

MOTHER FATHER

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.....

Francis J. Wyland Jr...... Registered Apprentice No. *444*
working under my personal supervision.

Signed..... *Ervin Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St. Joseph, 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.