

FILED MAR 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 10337

| | | | | | | | | | | | |
|--|---------------------------|--|---|--|--|--|--|---|--------------------------|-------------------------|--|
| BIRTH NO. | | REG. DIST. NO. 320 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 2534 | | | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Illinois | | | | b. COUNTY C. 12 | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | | | c. LENGTH OF STAY (In this place) 7 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Frankfort 8 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 112 N. Emma | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William | | | b. (Middle) Waldon | | c. (Last) DeCastro | | 4. DATE OF DEATH (Month) (Day) (Year) February 5, 1950 | | | | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH 2-13-1876 | | 9. AGE (In years) 73 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | | 11. BIRTHPLACE (State or foreign country) Springfield / Illinois | | | 12. CITIZEN OF WHAT COUNTRY? US | | | |
| 13a. FATHER'S NAME Joseph DeCastro | | | 13b. MOTHER'S MAIDEN NAME Josephine | | 14. NAME OF HUSBAND OR WIFE Unknown | | 14. NAME OF HUSBAND OR WIFE Unknown | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. Unk | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy DeCastro West Frankfort Ill | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of aortic aneurysm into stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH / | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of transverse colon | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 022X | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | | | |
| 22. I hereby certify that I attended the deceased from Jan. 29, 1950, to Feb. 5, 1950, that I last saw the deceased alive on Feb. 5, 1950, and that death occurred at 8:00 P.m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE FR Bradley D M.D. | | | | (Degree or title) | | 23b. ADDRESS BARNES HOSPITAL | | 23c. DATE SIGNED 2/5/50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 2-6-1950 | | 24c. NAME OF CEMETERY OR CREMATORY New Rose Hill Cem | | 24d. LOCATION (City, town, or county) (State) Marion Illinois. | | | | | |
| DATE REC'D BY LOCAL MAR 16 1950 | | REGISTRAR'S SIGNATURE J. B. Lanter | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

JULY 20, 1948

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

10000

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed J. Allen Davis Jr
Licensed Embalmer No. 4053

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.