

FILED NOV 8 1951

STANDARD CERTIFICATE OF DEATH

1003

34907
State File No. 9400
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. WASHINGTON

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Potosi 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Eugenia c. (Last) Castleman	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 5, 1876	9. AGE (In years last birthday) 75 If under 1 year: Months, Days If under 1 mo.: Hours, Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Potosi, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Thomas Castleman	13b. MOTHER'S MAIDEN NAME Sallie Mailvaine	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE AND ADDRESS Firmin Castleman, Farmington, Mo.
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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) <u>Fracture, femur, right</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTEREDENT CAUSES Under conditions, if any, giving rise to the above (a) stating the underlying cause last. DUE TO (b) <u>(10 days post operation)</u>		
	DUE TO (c) <u>cardiac releases</u>		
2. ANOTHER SIGNIFICANT CONDITIONS <u>conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION 13 Oct / 1951	19b. MAJOR FINDINGS OF OPERATION Fracture, neck, right femur	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Potosi; Mo. Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 11 57 a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall
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22. I hereby certify that I attended the deceased from 13 Oct, 1951, to 23 Oct, 1951, that I last saw the deceased alive on 19, 1951, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE Dr. H. R. McCarroll, Jr. per [Signature]	23b. ADDRESS 3720 Washington, St. Louis	23c. DATE SIGNED 23 Oct / 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-23-51	24c. NAME OF CEMETERY OR CREMATORY Old Masonic	24d. LOCATION (City, town, or county) (State) Potosi, Mo.
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DATE REC'D BY LOCAL REG. OCT 24 1951	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe, 4700 Washington Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed

J. W. B. Binkley

Signed.....
Student Embalmer

Licensed Embalmer No. *13653*

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.