

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14121

State File No.

No. 300
10-48

FILED MAY 1 - 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3705

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3705	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119			
c. LENGTH OF STAY (in this place) 1 yr				d. STREET ADDRESS (If rural, give location) 4272a Flad Avenue			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4272a Flad Avenue				d. STREET ADDRESS (If rural, give location) 4272a Flad Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) LEWIS		c. (Last) CASTOR	
4. DATE OF DEATH (Month) (Day) (Year)		April		19		1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH Dec. 25, 1870		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Butcher		10b. KIND OF BUSINESS OR INDUSTRY Meat Industry		11. BIRTHPLACE (State or foreign country) - Aledo, Illinois /		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Sampson L. Castor		13b. MOTHER'S MAIDEN NAME Mary Eliz. Whitehead		14. NAME OF HUSBAND OR WIFE Pauline Castor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 480-14-9177		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elma E. Campbell 4272a Flad Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE				1 YEAR	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) GENERALIZED ARTERIOSCLEROSIS YEARS</p> <p>DUE TO (c) PROSTATIC HYPERTROPHY 1 YEAR</p>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 61.0X			
22. I hereby certify that I attended the deceased from Jan 9, 1951, to April 11, 1952, that I last saw the deceased alive on April 19, 1952, and that death occurred at 9 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George A. Danner M.D.				23b. ADDRESS 5203 Chippewa		23c. DATE SIGNED 4/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/20/52		24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery		24d. LOCATION (City, town, or county) Council Bluffs, Iowa (State)	
DATE REC'D BY LOCAL REG. APR 21 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. & Robert S. + U. Co. 1905 So. GRAND BLVD			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O. Yohube

Licensed Embalmer No. 3917

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.