

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 428229

REG. DIST. NO. 318
PRIMARY REG. DIST. NO. 1003
Registrar's No. 11188

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Univ. City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS (If rural, give location) 8415 Delmar	
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL		b. (Middle) A.	
		c. (Last) CASTER	
4. DATE OF DEATH Dec. 6, 1956			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 15, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner (retired)		10b. KIND OF BUSINESS OR INDUSTRY Jewelry	9. AGE (In years last birthday) 70
		11. BIRTHPLACE (City and State or Foreign Country) Poland	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME (unk) Caster		13b. MOTHER'S MAIDEN NAME (unk)	
14. NAME OF HUSBAND OR WIFE Sara Caster			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 494-10-3788	
		17. INFORMANT'S SIGNATURE OR NAME Sara Caster 8415 Delmar	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis	
		INTERVAL BETWEEN ONSET AND DEATH 2 hours	
		ANTECEDENT CAUSES	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
		DUE TO (b) angina pectoris	
		DUE TO (c) arteriosclerosis, general	
		10 years.	
		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	
		420.1	
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)		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 Feb. 3, 1956, to Dec 6, 1956, that I last saw the deceased alive on Dec. 4, 1956, and that death occurred at 9:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Alfred J. Feldman (Degree or title) M.D.		23b. ADDRESS 634 McPherson	
		23c. DATE SIGNED 12/6/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-9-56	
24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag		24d. LOCATION (City, town, or county) (State) Ladue, Missouri	
DATE REC'D BY LOCAL REG. DEC 7 1956		REGISTRAR'S SIGNATURE J. Paul Smith, M.D.	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Denger Memorial 4715 McPherson	

E.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Lawrence J. De...*

Licensed Embalmer No. *398*

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.