

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-004393**

INDEXED

FILED VS. FEB 1 1960

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Primary Registration District No. 542

Registrar's No. 142

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST LOUIS</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ferguson</b>		Length of stay in 1b <b>2 Wks.</b>		c. CITY OR TOWN <b>Ferguson</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Halls Ferry Nursing</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2360 Chambers Rd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>William</b> Middle <b>A.</b> Last <b>Cast</b>				<b>4. DATE OF DEATH</b> Month <b>1</b> Day <b>12</b> Year <b>1960</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>8/3/81</b>	<b>9. AGE (last birthday)</b> <b>78</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Carpenter-Contractor (ret.)</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Self</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>- Ill.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Archibald Cast</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Hattie Maples</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Anna L. Cast</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>499-34-0318</b>		<b>17. INFORMANT</b> Address <b>Mrs. Anna L. Cast, 2360 Chambers</b>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral prostatic</b>							INTERVAL BETWEEN ONSET AND DEATH <b>11 yr</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		Month, Day, Year						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY		STATE
<b>21. I attended the deceased from</b> <b>9-26-57</b> to <b>1-12-60</b> and last saw her him alive on <b>1-12-60</b> Death occurred at <b>10:34 A.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> (Degree or title) <i>Ernest Bernard M.D.</i>				<b>22b. ADDRESS</b> <b>812 Cecil St. St. Louis Mo.</b>			<b>22c. DATE SIGNED</b> <b>1-13-60</b>	
<b>23b. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>		<b>23b. DATE</b> <b>1/15/60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Valhalla Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County Mo.</b>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Drehmann-Harral, 1905 Union Blvd.</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>1-14-60</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>John B. Murphy M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Arcade Bldg.  
Ch 1-5894  
Hrs. 1-2:30 Wed.  
no hrs. Thurs.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4257

P. O. Address A. J. Davis

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.