

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029389

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2/41 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 31 1962**

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON Length of stay in lb 5 DAYS  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MO. b. COUNTY St. Louis  
 c. CITY OR TOWN KIRKWOOD Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 333 S. FILLMORE Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last LENA Leota Caston  
 4. DATE OF DEATH Month Day Year 7-19-62

5. SEX F 6. COLOR OR RACE N 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7/23/1890 9. AGE (last birthday) 90  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY --- 11. BIRTHPLACE (City and state or country) MACON, MO. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME ALBERT CHANDLER 13b. MOTHER'S MAIDEN NAME MILLIE BASSETT 14. NAME OF HUSBAND OR WIFE J.T. CASTON, DEC'D.

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 JEWELL BROOKS, KIRKWOOD MO. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pneumonia  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not related to the terminal disease condition given in PART I) Generalized arteriosclerosis  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-14-62 to 7-19-62 and last saw her him alive on 7-19-62  
 Death occurred at 10:30 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Russell F. Home MD 22b. ADDRESS 601 S. Brentwood Clayton 5, Mo. 22c. DATE SIGNED 7/20/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL 23b. DATE 7/23/62 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

FUNERAL DIRECTOR RUSSELL F. HOME - 2707 N. GRAND ADDRESS 7-23-62 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE John B. Murphy MD

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 W. Claude Gordon

Licensed Embalmer No. 34-89

P. O. Address 1123 N. Taylor,

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.