287
. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1248 5

State File No. 3978

FILED MAY 13 1942

Registration District No. 791 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18 6 6 0 0

(c) City or town St. Louis 18 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2919 Park 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lora Casteel

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced unknown 9

6. (b) Name of husband or wife Frelan Casteel

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 26 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	3	6	hr. min.

9. Birthplace Neelys Landing (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Phillip Craft

13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Lydia McCain

15. Birthplace Tennesee (City, town, or county) (State or foreign country)

16. (a) Informant Leslie Casteel

(b) Address 2919 Park

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/5/42 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel Cem. Neelys Landing, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) MAY 4 1942 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2, year 1942 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from April 30, 1942, to May 2, 1942 that I last saw her alive on May 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebrovasc. Thrombosis left middle cerebral art	5 days.
Due to Pulmonary edema	
Due to Hypertension & enlarged heart	
Other conditions (Include pregnancy within 3 months of death) Gen. Arteriosclerosis	

Major findings:
Of operations T&C 2
Of autopsy signed 1

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Frank O. Bradley M. D. or other 5/4/42

Address 1515 Lafayette Avenue Date signed

744 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G W Wilkinson

Licensed Embalmer No. 3575

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