

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

APR 25 1934

10997

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township _____ Primary Registration District No. 791
 City St. Louis (No. City Hospital) St. _____ Ward _____

File No. _____
 Registered No. 2856
 St. _____ Ward _____

2. FULL NAME

Criselda Castro
 (a) Residence, No. 1510 So. Grand St., 17 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tony Castro

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

13. NAME Sam. Mendez

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

17. INFORMANT Manuel Castro
 (ADDRESS) 4526 So. Compton

18. BURIAL, CREMATION, OR REMOVAL PLACE Mont Hope Cem. DATE 1/24/34

19. UNDERTAKER J. P. Fenwick, Jr.
 (ADDRESS) 712 Michigan

20. FILED J. J. Bredek
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Thrombosis of Thorax
Collection of Excess Fluid (Pneumothorax)
Edema of Larynx - Chronic
Myocarditis

Other contributory causes of importance:

1150
930
12215
11501

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also, the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. J. Bredek

(Address) St. Louis

3/21/34

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK

OCCUPATION
 FATHER
 MOTHER

