OCT 5 1936

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

Do not use this space.

35992

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9615

City St Louis (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME William J Castanie

(a) Residence, No. 2916 Ellendale St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minerva E Castanie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11, 1859

7. AGE: YEARS 77 MONTHS 1 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer
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) Franklin County Mo.

FATHER
13. NAME Charles Castanie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
15. MAIDEN NAME Frances Gay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts.

17. INFORMANT Minerva E. Castanie
(ADDRESS) 2916 Ellendale.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE 9/21 1936

19. UNDERTAKER Gaghan Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED SEP 21 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936, to Sept 18, 1936
I last saw him alive on Sept 18, 1936. Death is said to have occurred on the date stated above, at 1:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate	1924
Pyelonephritis	1924
Non Calculous	

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Other contributory causes of importance: Pneumonia Lobar 8/17/36

Name of operation Prostatectomy Date of 8/18/36
What test confirmed diagnosis? Laboratory Was there an autopsy? No

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? No
If so, specify .....
(Signed) J P Altheide, M. D.
(Address) 607 N Grand

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

U.S. NO. 2
100M-11-24-33