

Registration District No. 791
1003 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)
In this community 37 years

3. (a) PRINT FULL NAME Charles Hutchinson Castlen
3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Stella Deprez Castlen
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 7, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>4</u>	<u>9</u>	hr. _____ min.

9. Birthplace New Albany, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman
11. Industry or business Wholesale Hardware

MOTHER FATHER
12. Name Andrew Castlen
13. Birthplace New Richmond, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Onie E. Plummer
15. Birthplace New Albany, Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William H. Weller
(b) Address 5351 Delmar St. Louis, Mo.
17. (a) Burial (b) Date thereof 10/19/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Lons
(b) Address 6175 Delmar Blvd.
19. (a) OCT 17 1939 (b) J. B. Bridgman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October 16, Day 1939
year 1939 hour 6.00 minute 20 P.M.
21. I hereby certify that I attended the deceased from March
26 th., 19 36, to October 16, 19 39

that I last saw him alive on _____, 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Chronic Myocarditis 2 yrs
Due to _____
Senility 6 mths
Other conditions _____
(include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
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? _____
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature John Cameron (M. D. or other) _____
Address 508 N. Grand Blvd. Date signed 10/17/39

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

Rev. 5-17-39
U. S. G. P. 1 X19511

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.

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.....

Albert E. White, Registered Apprentice No. 209
working under my personal supervision.

Signed J Wm Bentley
Licensed Embalmer No. 3653
P. O. Address St Louis Mo

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, above space should be left blank.