

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 12154

APR 9 1941

Registration District No. 784Primary Registration District No. 200Registrar's No. 205

1. PLACE OF DEATH:

- (a) County St. Louis
 (b) City or town Rural - Malone
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Halls Ferry Memorial Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Archie Tyler Cast3. (b) If veteran,
name war -3. (c) Social Security
No. ✓4. Sex Male5. Color or
race W.6. (a) Single, widowed, married,
divorced Wid.6. (b) Name of husband or wife
Harriet Cast6. (c) Age of husband or wife if
alive Deed. years7. Birth date of deceased Feb.
(Month)2nd.
(Day) 1851
(Year)

8. AGE:

Years
90Months
1Days
28

If less than one day

hr. min.

9. Birthplace Huntsville, Ala.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Builder11. Industry or business Construction12. Name Samuel H. Cast13. Birthplace Carolina
(City, town, or county) (State or foreign country)14. Maiden name Martha Kerr
(City, town, or county) (State or foreign country)15. Birthplace Kv.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature William A. Cast(b) Address 5911 Cedar Ave17. (a) Burial (b) Date thereof 4-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine Cem.18. (a) Signature of funeral director Probst Hud Co.(b) Address 3710 N. Grand Blvd.19. (a) APR 1 1941
(Date received local registrar)(b) MR. W. M. D. BOW
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
 (c) City or town Ferguson (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. Florissant Rd. & 66th. Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th.
year 1941 hour 2.30 minute A. M.21. I hereby certify that I attended the deceased from March 7
1941, to March 30, 1941
that I last saw him alive on March 30, 1941
and that death occurred on the date and hour stated aboveImmediate cause of death Heart failure

Duration

Due to

Due to

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 sta-
tistically.

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

- (a) Accident, suicide, or homicide (specify) NO
 (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 injury23. Signature W. M. D. BOW (M. D. or other)Address 4930 - Maryland Date signed 3-31-41

134.
Nether State
4732 Maryland
3-6 P.M.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand St

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.