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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31068

Primary Registration District No. 1001

Registrar's No. 944

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2708 Union Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 2 weeks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#3. St. Joseph,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Patee Barrows Castle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate E.Castle

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. (Month) 28 (Day) 1887 (Year)

8. AGE: Years 54 Months 7 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Andrew County (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Retired Baker

11. Industry or business National Biscuit Co.

FATHER
12. Name Thomas T.Castle
13. Birthplace Andrew Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Clara Smeltser
15. Birthplace Cosby (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Kate E.Castle
(b) Address R.F.D.#3 St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct.2,1941 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Herman W. Hedenfaden
(b) Address 1802 Union Str. St.Joseph,Mo.

19. (a) Sept 30 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th
year 1941 hour 4 minute 00 A M.

21. I hereby certify that I attended the deceased from Oct. 4, 1940, to Sept. 29, 1941;
that I last saw him alive on Sept. 29, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	1 yr.
Due to arterio-sclerosis c̄ hypertension	2 yrs.
Due to	
Other conditions Renal Calculus (left) (Include pregnancy within 3 months of death)	3 weeks

94B

Major findings: Of operations none done

Of autopsy none done

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

23. Signature G. T. Bloomer (M. D. or other) M.D.
Address 1218 N. 3d St. Date signed 9/29/41

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Albert E. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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