

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6075
Registrar's No. 1298

#101658

318

1008

BIRTH NO. <u>10202-50</u>		REG. DIST. NO.	PRIMARY REG. DIST. NO. <u>1008</u>	Registrar's No. <u>1298</u>	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>24 3809 S. Main St.,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u>		b. (Middle)		c. (Last) <u>Castello</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1950</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>newborn</u>		8. DATE OF BIRTH <u>1/30/50</u>	
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 4 HRS. Hours <u>6</u> Min. <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>0</u>	
				12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Jess Castello</u>		13b. MOTHER'S MAIDEN NAME <u>Augustina Garcia</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M. Renard, St. Louis, City Hospital</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		II. OTHER SIGNIFICANT CONDITIONS. <u>Antecedent Causes</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u>			
		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>77.25</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/30/50</u> , 19 <u>50</u> , to <u>1/30/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1/30/50</u> , 19 <u>50</u> , and that death occurred at <u>4:30 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>George S. ... M.D.</u>		(Degree or title)		23b. ADDRESS <u>1515 Lafayette Ave.,</u>	
23c. DATE SIGNED <u>2/7/50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>10</u>		24b. DATE <u>FEB 9 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Board</u>	
24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc.</u>			

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.