

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29845

State File No. \_\_\_\_\_  
Registrar's No. **7784**

FILED AUG 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2138 Clifton Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>—</b> c. (Last) <b>Caselle</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 7, 1953</b>		
---	--	--	--	--	--

5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Nov. 27, 1902</b>		9. AGE (In years last birthday) <b>50</b>		10. UNDER 1 YEAR <b>8</b> Months		11. UNDER 1 HRS. <b>19</b> Hours	
--------------------	--	-------------------------------	--	---	--	---------------------------------------	--	---	--	----------------------------------	--	----------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>McDONNELL-AIRCRAFT</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Irondale Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
--	--	---	--	--	--	--	--

13a. FATHER'S NAME <b>Charles Castile</b>		13b. MOTHER'S MAIDEN NAME <b>Percy King</b>		14. NAME OF HUSBAND OR WIFE <b>Mardell Caselle</b>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mardell Caselle</b>		ADDRESS <b>2138 Clifton Ave</b>	
---	--	-------------------------------------	--	--	--	---------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) <b>331X</b> (COUNTY) (STATE)	
--	--	--	--	---	--

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 **6 Aug, 1953**, to **7 Aug, 1953**, that I last saw the deceased alive on **7 Aug, 1953**, and that death occurred at **5:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. P. Catoyard M.D.</b> (Doctor or title)		23b. ADDRESS <b>2705 Clifton</b>		23c. DATE SIGNED <b>8 Aug 1953</b>	
---	--	----------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 10, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Pk. Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
---	--	-------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <b>AUG 10 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith</b>		ADDRESS <b>7456 Manchester Ave.</b>	
---	--	---	--	--	--	-------------------------------------	--

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.....  
Signature of Student Embalmer

Signed.....  
*Dearl Morris*

Licensed Embalmer No. *#3060*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.