

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026487

FILED VS AUG 4 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **6888** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b	c. CITY OR TOWN Lovejoy
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St Louis Little Rock Hosp INSTITUTION Inc		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 216 Canal Street

3. NAME OF DECEASED (Type or print) First Jesse Middle Last Caston			4. DATE OF DEATH Month 7 Day 21 Year 59			
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5. SEX Male	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3, 11 1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penitentiary Laborer	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) McCombs, Miss.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Jesse Caston	13b. MOTHER'S MAIDEN NAME Adeline (Unknown)	14. NAME OF HUSBAND OR WIFE Neppie Caston
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Neppie Caston, 216 Canal St., Lovejoy
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia both lower lobes		INTERVAL BETWEEN ONSET AND DEATH 1957
DUE TO (b) Ch. Lymphatic Leukemia		
DUE TO (c) 204.0		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Lovejoy	COUNTY St. Louis	STATE Mo.
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21. I attended the deceased from **7-21-59** to **7, 21, 59** and last saw ^{her}him alive on **7, 21, 59**
Death occurred at **10, 35 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul E. Hasto (degree or title) MD	22b. ADDRESS 1755 So Grand	22c. DATE SIGNED 7/22/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/26/59	23c. NAME OF CEMETERY OR CREMATORY Booker Washington	23d. LOCATION (City, town, or county) (State) Centreville Township, Illinois
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24. FUNERAL DIRECTOR Marion's Office ADDRESS 2114 Missouri Ave. E. St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. JUL 24 '59	26. REGISTRAR'S SIGNATURE Neal Smith, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Frank Probst

Licensed Embalmer No. 4356
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.