

# Certificate of Death

Certificate No. **19278**

1941 SEP 25 AM 11 35

1 NAME OF DECEASED **Louis** **Castro** **091-07-5641**  
(Print) First Name Middle Name Last Name Social Security No.

**PERSONAL AND STATISTICAL PARTICULARS**  
(May be filled in by Funeral Director)

**MEDICAL CERTIFICATE OF DEATH**  
(To be filled in by the Physician)

2 USUAL RESIDENCE:  
(If non-resident, give place and state) Borough **Queens**  
No. **136-39 41** Apt. No.

16 PLACE OF DEATH: Borough **Manhattan**  
No. **Manhattan State Hospital** Apt. No. **57**  
If in hospital or other institution, give: (a) above, name instead of street and number, and (b) length of stay **since 8/19/41**

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

17 If elsewhere than in hospital or own residence, specify character of place of death

4 ~~WIFE~~ HUSBAND of **Margaret Castro**

18 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)  
**September 24 1941 2:55 A.M.**

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)  
**NOV. 25 1876**

6 AGE **64** yrs. **9** mos. **29** days If LESS than 1 day, hrs. or min.

19 SEX **Male** 20 Color or Race **White** 21 Approximate Age **64**

7 OCCUPATION  
A Trade, profession, or particular kind of work, as spinster, seaman, book-keeper, etc. **Bar tender**

22 I HEREBY CERTIFY that I attended the deceased from **September 12 1941** to **September 24 1941**.

B Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Saloon**

that I last saw him ~~alive~~ on **September 23 1941**, and that the facts stated in Items 16 to 21 are correct.

8 BIRTHPLACE (State or country) **U. S. A.**

9 How long in U. S. (If not (state if not)) **18 years**

I further certify that death did NOT occur as the result of accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

10 IF DECEASED WAS VETERAN, NAME WAR **No**

I further certify that death was\* not\* due to a communicable disease listed in Section 103 of the Sanitary Code, (see over), which requires that the casket must be permanently sealed before removal from the place of death.

11 NAME OF FATHER OF DECEDENT **Nestor Castro**

\*Cross out words that do not apply.

12 BIRTHPLACE OF FATHER (State or country) **South America**

13 MAIDEN NAME OF MOTHER OF DECEDENT **Agnes Wargues**

14 BIRTHPLACE OF MOTHER (State or country) **South America**

Witness my hand this **24** day of **September**, 19**41**

15 SIGNATURE OF INFORMANT **Margaret Castro**

Signature **Ernest Kirsch** M. D.

RELATIONSHIP TO DECEASED **Wife**

Address **Manhattan State Hospital, White Plains, N.Y.C.**

ADDRESS **136-39 41st Ave Flg**

13 PLACE OF BURIAL OR CREMATION **Mt St. Mary's Cem**

DATE OF BURIAL OR CREMATION **Sept 26<sup>a</sup> 1941**

14 FUNERAL DIRECTOR **Thomas J. Ingart** ADDRESS **136-25 41st Ave Flg**

HERMIT NUMBER **005**