MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22799

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1006 ..... Registered No. 6222

City St. Louis (No. 2924 St Vincent Av St. ..... Ward)

2. FULL NAME Frank P. Cassidy

(a) Residence. No. 2924 St Vincent St. 17 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Needham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6. 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	6	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tile Layer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Patrick Cassidy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Galway Co
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Margaret McCarthy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cork Co
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Margaret Cassidy
(Address) 2924 St Vincent

15. FILED JUN 3 1931 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1931

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to June 2, 1931 that I last saw him alive on June 1, 1931, and that death occurred, on the date stated above, at 2.54 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 A
97
..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 8 IF NOT AT PLACE OF DEATH? 82 A
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) B Shanklin, M.D
6/2, 1931 (Address) 1514 Rd Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cem.	June 5 1931
20. UNDERTAKER Geo. C. Cobb	ADDRESS 2115 California

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.