WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 91 File No. 34785

Township ..... Primary Registration District No. ..... Registered No. 8950

City St. Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Katherine Casey

(a) Residence, No. 5280 Washington Blvd. 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martin B. Casey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 4, 1865.

7. AGE: YEARS 68 MONTHS 7 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Ky.

FATHER

13. NAME: Frederick Schardein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): G. W. Schardein 129 So. 6th St. Louisville Ky.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Louisville Ky DATE: 10-16, 1933

19. UNDERTAKER (ADDRESS): C. R. Lupton + Sons 4449 Olive Street

20. FILED: OCT 10 1933 19.. J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1921, to Oct 15, 1933

I last saw her alive on Oct 14, 1933. Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	10/13/33
131	
93D	
132B	
Other contributory causes of importance: Chronic nephritis with myocardial changes and hypertension	1921

Name of operation: None Date of —

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Emmett Kane, M. D.

(Address) 1117 N Grand Boone

Dr E. R. Kane J. 1117 No Grand Jeff. 7141