

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis, Mo.** (No.....)

Registration District No. **791**
Primary Registration District No. **1003**
3843 Hartford Street

File No. **22693**
Registered No. **6549**
St. Ward)

2. FULL NAME **John T. Cassell**

(a) Residence, No. **3843 Hartford Street** St. **16** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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

SEX	3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word)
	Male	White	Married
MARRIAGE	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	Frances Cassell	
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	February 19th, 1865	
OCCUPATION	7. AGE	YEARS	MONTHS
	79	4	11
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	RR Baggage Clerk	
OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
BIRTHPLACE	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Jacksonville, Illinois	
	13. NAME	Martin Cassell	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Kentucky	
	15. MAIDEN NAME	Unknown	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Kentucky	
	17. INFORMANT (ADDRESS)	Francis Cassell 3843 Hartford Street	
BURIAL	18. BURIAL, CREMATION, OR REMOVAL PLACE	Valhalla	
	DATE	July 3rd, 1934	
UNDERTAKER	19. UNDERTAKER (ADDRESS)	Wm. B. Buss 2201 S. Grand Blvd.	
	20. FILED	J. Brebeck Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 30th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from 1932, to **June 30, 1934**, 1934

I last saw him alive on **June 30, 1934**, 1934. Death is said to have occurred on the date stated above, at **4:45 P.M.**

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

Myocarditis chronic Date of onset

Other contributory causes of importance: **hypertension**

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) **Lawrence H. Buss**, M. D.
 (Address) **3557 Arsenal St.**

WHITE PAPER, 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.

AUG 15 1934

Mr. Louis Hanch
2354 J 39th
PR-6271

221
W. H. Hanch
PR-6271

#2
St. Louis

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.
6549

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John T. Cassell
Who died at _____ on June - 30 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____
Date of birth _____ Age: Years 79 Months 4 Days 11

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Myocarditis chronic

Other contributory causes of importance cystitis, Catarrhal
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician Dr. Louis Harnett
Address of physician 3537 Arsenal St
Signature of Registrar J. W. Bredeck 9-15-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 491

Primary Reg. Dist. No. 1003

Very truly yours,

E. T. McLaugh, M.D.
Special Agent.

S-22693-