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.

DEC 12 1935

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

Do not use this space.

791

37637

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9610

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

City St. Louis Mo. (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Alice Casey

(a) Residence, No. 4127a Fair St. Fax Ward 11 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 70 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 Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unavailable-Casey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1861

7. AGE YEARS 74 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ruby Perdeaux 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Nov. 16th 1935

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED NOV 16 1935 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11 - 8 - 1935, to 11 - 14 - 1935

I last saw her alive on 11 - 14 - 1935 Death is said to have occurred on the date stated above, at 4:03 m. A

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

Cerebral Hemorrhage — Date of onset 11-8-35

93C

Other contributory causes of importance:

Degenerative Heart Disease

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

What test confirmed diagnosis? Clinical 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) J. Owen Blache M. D.

(Address) 2945 - Lawton Blvd.