JAN 13 1936

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

Do not use this space.

41604

1. PLACE OF DEATH

County St. Louis — Registration District No. 791

Township — Primary Registration District No. 1003 — File No. 10848

City St. Louis City Hosp #1 — Registered No.

(No. 414-223 St. ..... Ward)

2. FULL NAME Pat Casey

(a) Residence, No. Branam St. Shelter St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. 11 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23-1872

7. AGE: Years 63 — Months 2 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

FATHER

13. NAME Michael Casey

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

MOTHER

15. MAIDEN NAME Bridget ?

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

17. INFORMANT (ADDRESS) Hosp. City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Dec 23-1935

19. UNDERTAKER (ADDRESS) J. W. Fyhrer & Co. 2842 Meramec St.

20. FILED DEC 23 1935, 19 — J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-11-, 1935, to 12-15, 1935

I last saw him alive on 12-15, 1935. Death is said to have occurred on the date stated above, at 6 15 P.m.

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

Lobar pneumonia — Date of onset

Other contributory causes of importance: 108

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

What test confirmed diagnosis? ..... Was there an autopsy?

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) W. S. Jackson, M. D.

(Address) City Hospital No. I

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.

WRITE PLAINLY, WITH INKPADDING INK—THIS IS A PERMANENT RECORD