

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

Do not use this space.

**NOV 4 1936**

**3,984**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis.** (No. **De Paul Hospital.**)

File No.....  
Registered No. **10910**  
St. .... Ward)

**2. FULL NAME Julia Mary Casey.**

(a) Residence, No. **7137 Delmar Blvd.** St. **N.R.** Ward. **U. City Mo.**  
(Usual place of abode) (If nonresident, give city of 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**

3. SEX **Female** 4. COLOR OR RACE **White** 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) **June 8, 1861**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**75 4 22**

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.  
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) **Canada.**

FATHER 13. NAME **Owen Casey.**

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

MOTHER 15. MAIDEN NAME **Bridget Gleason**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland.**

17. INFORMANT **Ray L. Casey.**  
(ADDRESS) **7137 Delmar Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Nov. 2, 1936.**

19. UNDERTAKER **Arthur J. Donnelly Undt. Co.**  
(ADDRESS) **3840 Lindell Blvd.**

20. FILED **OCT 31 1936** *J. Predeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 30**, 19**36.**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 1**, 19**36**, to **Oct 30**, 19**36**.  
I last saw him alive on **Oct 29**, 19**36**. Death is said to have occurred on the date stated above, at **1:10 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Cirrhosis of liver**  
**1246**  
Date of onset **1935**

Other contributory causes of importance:  
**Senility**  
**Operative for obstruction of common duct - no stones.**  
Name of operation **cholecystotomy** Date of **9-11-36**  
What test confirmed diagnosis? **Was there an autopsy? Yes.**

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? **No**  
If so, specify.....  
(Signed) **R. V. Barrett**, M. D.  
(Address) **5727 Delmar.**

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.

WHITE PAPER WITH OUTFOLDING TABS—THIS IS A PERMANENT RECORD

Dr R B Bassett

5477 Delmar

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