

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.

copy
APR 9 1937

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

Do not use this space.

791
1003

File No. 10399
Registered No. 2971
St. Ward

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City... St. Louis, Mo. (No. 2838 Pestalozzi Street

2. FULL NAME

Adelbert McCaslyn
(a) Residence, No. 2838 Pestalozzi Street St. 24 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

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes McCaslyn				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 3rd, 1861				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
75	5	13		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For City Of St. Louis				
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....				
12. BIRTHPLACE (CITY OR TOWN) Hillsboro, (STATE OR COUNTRY) Illinois				
13. NAME John McCaslyn				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown				
15. MAIDEN NAME Sarah Casey				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown				
17. INFORMANT Mrs. Agnes McCaslyn (ADDRESS) 2838 Pestalozzi Street				
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery March 18th 1937				
19. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 429 N. Euclid Avenue				
20. FILED MAR 17 1937 J. P. Predeck Registrar.				

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:40 A.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Chronic Myocarditis
Arteriosclerosis

Other contributory causes of importance:

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? No
If so, specify.....
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

752-02
L. W. V.

