MAY 7 1937

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

Do not use this space.

File No. 14540

Registered No. 4036

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5222 Minerva St. ..... Ward)

2. FULL NAME Joanna Casey

(a) Residence, No. 5222 Minerva St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) St. Louis (STATE OR COUNTY) Mo.

FATHER

13. NAME Maurice Carroll

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

MOTHER

15. MAIDEN NAME Joanna Clancy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ireland

17. INFORMANT Catherine Casey
(ADDRESS) 5222 Minerva

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 4-17-37, 19

19. UNDERTAKER Southern Undertaking Co.
(ADDRESS) 6322 S. Grand Blvd.

20. APR 16 1937, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to April 15, 1937

I last saw her alive on April 15, 1937 Death is said to have occurred on the date stated above, at 6:15 a.m.

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

	Date of onset
Myocarditis chronic	
Nephritis chronic	
Hypertension	

Other contributory causes of importance: Heat stroke last summer patient did not ever get better was confined to bed since July

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

What test confirmed diagnosis? physical 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) F. L. Gibbs, M. D.

(Address) 5298 Page Ave.

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.

Dr. Gilbert
5298 Page