AUG - 5 1937

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

Do not use this space.

File No. 25981

Registered No. 7155

1. PLACE OF DEATH HOMER G PHILLIPS HOSPITAL

County ..... Registration District No. 791

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

City St. Louis (No. 2601, N Whittier St. ..... Ward)

2. FULL NAME Joseph Casey

(a) Residence, No. 1812 N Sarah - basement St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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: Col.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 18, 1883

7. AGE: Years 54 | Months 3 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Missouri

FATHER

13. NAME: Peter Casey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Millie Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Evelyn Hillierd, 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE CITY CEMETERY DATE 7-29 1937

19. UNDERTAKER (ADDRESS): Ira Hamilton

20. FILED JUL 28 1937 City Health Dept. J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 16, 1937

I last saw him alive on June 16, 1937. Death is said to have occurred on the date stated above, at 12 A.m.

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

	Date of onset
Hypertensive Heart Disease	6/1/37

Other contributory causes of importance:

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

What test confirmed diagnosis? clinical 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? .....

If so, specify .....

(Signed) W. L. Lemus, M. D.

(Address) 2601 N Whittier

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.

St. Louis

2801 N Whittier

Joseph Casey

2811 N Market - basement

Male | Col. | Married

Unknown

Feb. 13, 1883

54

Indiana

June 16

June 1 | 37 | June 16

1m | June 10 | 37

10 A

Hypertensive Heart Disease

Missouri

Peter Casey

Missouri

Millie Johnson

Missouri

Evelyn Williams
2801 N Whittier

Clinic

2801 N Whittier