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.

REC'D MAR 24 1938

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

8219
Do not use this space.

3

1. PLACE OF DEATH
(a) County St. Louis. Registration District No. 784
(b) Township Normandy Primary Registration District No. 200 Registered No. 409
(c) City St. Louis. (d) Street No. Immaculate Heart Convent. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances M. Casey. 200
(a) Residence, No. 1314 Hamilton Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) January 19, 1873
7. AGE: YEARS 65 MONTHS 1 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher.
9. Industry or business in which work was done, as 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) St. Louis, Mo. 0

FATHER
13. NAME Henry R. Casey. 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 5

MOTHER
15. MAIDEN NAME Annie Hughes.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Harry Casey. 1314 Hamilton Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 3/7/38 19
19. FUNERAL DIRECTOR (ADDRESS) Arthur J. Donnelly. 3840 Lindell Blvd.
20. FILED 3-5 1938 T. R. Meyer M.D. Dep. V. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4/1938 19

22. I HEREBY CERTIFY, That I attended deceased from July 12th, 1937 to 3/4/1938, 19
I last saw her alive on 3/2/38, 19 Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chr. and generalized art. sclerosis; Cerebral arterio-sclerosis, most pronounced. Senile dementia. Chr. interstitial nephritis. Chr. hypertension.

Date of onset

Other contributory causes of importance:
Uremia, Uremic Coma. 131
(Senile type.)

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) Luke B. Tiernan, M. D.
(Address) 3918 Jennings Rd

(Licensed Embalmer's Statement on Reverse Side) 3/5/38

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)