

REC'D APR 7 1938 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8655
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. De Paul Hospital 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 Margaret Casey. 200

(a) Residence, No. 5262 Maffitt Ave. St. 6
 (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) JUNE 4, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 9 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
 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.

13. NAME John Casey.

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

15. MAIDEN NAME Ellen Brown.

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

17. INFORMANT (ADDRESS) James Casey. 5262 Maffitt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar. 7, 1938.

19. FUNERAL DIRECTOR (ADDRESS) Arthur J. Donnelly. 3840 Lindell Blvd.

20. FILED MAR 6 1938 J.P. Breda

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1937, to Mar 5, 1938

I last saw her alive on March 4, 1938 Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Pneumonia pneumonia
chronic myocarditis
Coronary Occlusion
 Date of onset
 Other contributory causes of importance:
 Name of operation no Date of
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? Yes
 If so, specify
 (Signed) James J. Mullen, M. D.
 (Address) St. Louis, Mo.

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.

*Mr. W. Van Matre
The State Body*

FORM 117

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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 *W Van Matre*
Licensed Embalmer No. *2825*

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