

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 MAY 10 1938

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

Do not use this space

13303

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1008
City St. Louis, Mo. (No. Bethesda Hospital) St. Ward

File No.
Registered No. 3907 Ward

2. FULL NAME

Stillbirth Casseau 2:45 AM
(a) Residence, No. 7631 Water St. St. 1 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 Mo. (STATE OR COUNTRY)

MOTHER FATHER
13. NAME William John Casseau

14. BIRTHPLACE (CITY OR TOWN) Red Bud Illinois (STATE OR COUNTRY)

15. MAIDEN NAME Irene Lorenz

16. BIRTHPLACE (CITY OR TOWN) Palisades Colorado (STATE OR COUNTRY)

17. INFORMANT William Casseau (ADDRESS) 7631 Water St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL CITY CEMETERY DATE APR 27 1938 Mo. Mo

19. UNDERTAKER Frank Proyer (ADDRESS) City Hospital

20. FILED APR 27 1938 J. P. Brubaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-5-1938 to 4-5-1938

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 4:20 a.m.

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

Stiphoon - due to pressure on the lower spinal cord before birth.

Other contributory causes of importance:

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) Edward J. McEnroe M. D.
(Address) 3803 S. Broadway

