

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 AUG 12 1938

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

24070  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis (d) Street No. City Hospital No. 1  
(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.

791  
1003

Registered No. 6764

2. PRINT FULL NAME

(a) Residence, No. 2226 North Market St. 20  
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Casey  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1882  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 9 5

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. nil  
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, Missouri

FATHER  
13. NAME Patrick Casey  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER  
15. MAIDEN NAME Mary Kena  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE JULY 29, 1938

19. FUNERAL DIRECTOR (ADDRESS) Goodhart & Goodhart 2178 N. Louis ave.

20. FILED III 28 1938 J. D. Brudeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/28/38, 19  
22. I HEREBY CERTIFY, That I attended deceased from 7/1/38 1938 to 7/28/38, 1938.  
I last saw him alive on 7/28/38, 1938. Death is said to have occurred on the date stated above, at l. a m.

The principal cause of death and related causes of importance were as follows:  
Chronic rheumatic heart disease with mitral insufficiency cardiac hypertrophy cardiac decompensation  
Date of onset

Other contributory causes of importance:  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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) E. P. Reh, M. D.  
(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

*Charles J Goodhart*

Licensed Embalmer No. *2777*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Charles J Goodhart*

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *Charles J Goodhart*

Licensed Embalmer No. *2777*

**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.)**