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.

OCT NOV 16 1938

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

34150
Do not use this space.

791

1. PLACE OF DEATH
(a) County 2 Registration District No. 1003
(b) Township 1 Primary Registration District No. Registered No. 9136
(c) City St. Louis (d) Street No. 4429 Laclede Ave 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 Mary A Casey
(a) Residence, No. 4429 Laclede Ave St. 19
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Casey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31st 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	4	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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 Missouri 0

FATHER
13. NAME Philip Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Anna Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT (ADDRESS) Mr Thomas Casey 4429 Laclede Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct 22nd 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stroot - Carroll 4600 Natural Bridge

20. FILED OCT 20 1938 19 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1923 to Oct 19, 1938
I last saw her alive on Oct 18, 1938 Death is said to have occurred on the date stated above, at 1 am m.
The principal cause of death and related causes of importance were as follows:

myocardosis, chronic

Date of onset

Other contributory causes of importance

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) [signature], M. D.
(Address) 517-28 Commonwealth Bldg

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Isaac H Stout

Licensed Embalmer No. 2265

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.