

JAN 24 1939

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

43512
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson 3 Registration District No. 425
 (b) Townshp. Meramec 1 Primary Registration District No. 5550 Registered No. 11-96
 (c) City St. Joseph's Hill Infirmary Street No. 5927 Latus Ave. St. Louis, Mo. St. Mo.
 (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. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5927 Latus Ave. St. Louis, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Sophie Heitmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/9/1860

7. AGE YEARS 78 MONTHS 9 DAYS 1 IF LESS THAN 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Daily Inspector, (retired)
 9. Industry or business in which work was done, as saw mill, bank, etc. City of St. Louis
 10. Date deceased last worked at this occupation (month and year) 5 yrs. 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Cornelius Casey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Mary Sheehan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT (ADDRESS) St. Joseph's Hill Infirmary
By Brother Bonaventura Eureka, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 12/13 1938

19. FUNERAL DIRECTOR (ADDRESS) William Sheehan
4415 Washington St.

20. FILED 11-22-38 James A. Townsend Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1938, to Dec 10, 1938.
 I last saw him alive on Dec 8, 1938. Death is said to have occurred on the date stated above, at 5:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Other contributory causes of importance: 107W

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) Lease D. Sargent, M. D.
 (Address) Eureka, Mo.

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.

5014-2-38 I X14028

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 _____

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4709 Washington Blvd
St. Louis, Mo

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.)

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