

Rev. 6-17-39  
I 113111

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 11 1939

791

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

6252

1. PLACE OF DEATH:

1003

(a) County \_\_\_\_\_  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5051 Maffitt Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 61 Years.  
years, months or days)

3. (a) PRINT FULL NAME JAMES F. CASEY. 200

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Casey. 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept. 1, 1877  
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis.  
(City, town, or county) (State or foreign country)

10. Usual occupation Electric Worker

11. Industry or business \_\_\_\_\_

12. Name John Casey

13. Birthplace Ireland.  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Brown

16. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Julia Casey  
(b) Address 5051 Maffitt Ave

17. (a) Burial (b) Date thereof 7-17-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd

19. (a) JUL 15 1939 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5051 Maffitt Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th.  
year 1939 hour 7:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 3/11/39  
\_\_\_\_\_ 19. to 7/13/39 19. ;  
that I last saw him alive on 7/12/39 19. ;  
and that death occurred on the date and hour stated above.

Immediate cause of death CIRRHOSIS (PORTAL) OF LIVER.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 4-5/105  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Earl Smith (M. D. or other)  
Address 2027 No. Kingshighway Date signed 7/14/39

Dr. Sumner  
2627 N. Hickey

1-2

**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..... W H Van Meter .....

Licensed Embalmer No. 28245 .....

P. O. Address 3840 Lindell .....

**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.**