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17-39
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State File No. 8094

MAR 11 1941

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 341

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7452 Parkdale
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 yrs. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Sadie Cassell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Charles Cassell 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 64 Months -- Days -- If less than one day
hr. _____ min. _____

9. Birthplace Chicago / Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Grodsky
(b) Address 7452 Parkdale

17. (a) Burial (b) Date thereof 2-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Hamedreth Agodol

18. (a) Signature of funeral director Armen Pundskopf
(b) Address 5216 Delmar Blvd.

19. (a) FEB 14 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Clayton (If outside city or town limits, write "RURAL") 2

(d) Street No. 7452 Parkdale (If rural, give location) 3

(e) If foreign born, how long in U. S. A.? _____ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1941 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Jane
_____ 1937, to Feb 13 1941;
that I last saw h. alive on 2/13 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of bladder,
Obstruction of kidneys,

Due to _____

Due to S. D. B.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Nov. 1939. operation
on bladder -

Of autopsy _____

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 Alfred J. [Signature] (M. D. or other) C.M.D.
Address 634 N. 12th Grand Date signed 2/13/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 0 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.