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5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 145
412
Registrar's No. _____

FILED FEB 24 1942

Registration District No. 7941

Primary Registration District No. 1006

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 Days
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3006 1/2 Park Avenue 10
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Casey

3. (b) If veteran, name war none

3. (c) Social Security No. 489-01-8083

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12, year 1942 hour 3:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 10, 1941 to January 12, 1942; that I last saw him alive on January 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the maxillary region
Duration _____

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Birdie 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: April 23, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 8 20 hr. _____ min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Packer

11. Industry or business City Fish Co. (Retired 2 yrs.)

12. Name Daniel Casey

13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Birdie Casey

(b) Address 3006 1/2 Park Avenue

17. (a) burial (b) Date thereof 1-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2419 2301 Lafayette Avenue

19. (a) JAN 14 1942 (b) J. F. Bredet
(Date of registration) (Registrar's signature)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy As above

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Red Madel (M. D. or other) _____
Address 1515 Lafayette Ave. Date 1/13/42

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

MOTHER FATHER

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

L. B. Cooper

Licensed Embalmer No.

3637

P. O. Address

2317 Lakewood

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.