

No. 2
4-13-40
-17-39
I X23159

FILED APR 17 1942

Primary Registration District No. 1003

Registrar's No. 2929

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 4 days
(Specify whether years, months or days)

In this community..... 16 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Jeanette Casey

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

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

8. AGE:	Years	Months	Days	If less than one day
	<u>About 69</u>		hr.min.

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

10. Usual occupation.....

11. Industry or business..... Nil

12. Name..... Unknown

13. Birthplace..... Unknown 9
(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..... Shirley Smith

(b) Address..... 2601 W. Bellemead

17. (a) Autonomous (b) Date thereof..... 3-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Washington

18. (a) Signature of funeral director..... W. J. Bredet

(b) Address..... 3000 Kuyler

19. (a) APR 1 1942 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 13 000
17

(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL") 9

(d) Street No..... Infirmery
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27,
year 1942 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from February 23,
....., 19 42 to March 27,....., 19 42
that I last saw h.....er alive on..... March 27,....., 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death..... Hypertensive Heart Disease

Duration..... Unknown

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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..... J. W. Johnson (M. D. or other) 0
Address..... 2601 W. Bellemead Date signed..... 3/31/42

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

00
17
9

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.