

FILED APR 8 1942 91
Registration District No. _____

Primary Registration District No. 1003

State File No. _____
Registrar's No. 2420

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmery 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Jan. 26th, 1942 to Mar. 16th, 1942 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13 009
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3957 Delmar 2926 Balena
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1942 hour 12:15 minute _____ P.M.
21. I hereby certify that I attended the deceased from Jan. 26, 1942
to Mar. 16, 1942
that I last saw him alive on Mar. 16, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral thrombosis Duration _____

Due to Arteriosclerosis vascular disease with arterial

Due to hypertension

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

Major findings: Encephalomalacia
Of operations _____
Cardiac hypertrophy
Or autopsy arteriosclerosis

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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Aren H. Blaney (M. D. or other) MD
Address 5600 Arsenal Date signed 3/17/42

3. (a) PRINT FULL NAME John Walter Cason

3. (b) If veteran, name war ? No 3. (c) Social Security No. 497-01-3376

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

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

7. Birth date of deceased Nov. 20, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 4 23 _____ hr. _____ min.

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

10. Usual occupation National Lead Co.

11. Industry or business _____

12. Name Henry Cason

13. Birthplace ? 995
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth?

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon

(b) Address 5800 Arsenal St.

17. (a) Alton, Ill. (b) Date thereof Mar. 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Robert H. Shuebers

(b) Address 2521 Edward St. Alton, Ill.

19. (a) MAR 17 1942 (b) J. F. Bredek
(Date received local registrar's) (Registrar's signature)

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

079

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 Robert H. Streifer
Licensed Embalmer No. 2440
P. O. Address Alton, Ill

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.