

Registration District No. 91

Primary Registration District No. 100

Registrar's No.

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: 520 CHESTNUT ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME RALPH ELWOOD CASE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-01-5851

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased MAY 24 1883 (Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace IRELAND (City, town, or county) (State or foreign country) 4
10. Usual occupation COURT CLERK CITY HALL

11. Industry or business _____
12. Name RALPH CASE
13. Birthplace IRELAND (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

16. (a) Informant ALBERT C. WALTERS
(b) Address 5333 PALM ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 2nd 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director L. Mullen
(b) Address 5169 DELMAR BL.
19. (a) MAY 2 1942 (Date received local registrar) (b) C. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST LOUIS 25 00 0
(If outside city or town limits, write "RURAL")
(d) Street No. 520 CHESTNUT ST. 9
(If rural, give location)
(e) Citizen of foreign country? No. (If other No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29
year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 2-6 1942 to 4-29 1942
that I last saw him alive on 2-23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death, Cardiac Thrombosis Duration 2 mo
Due to _____
Due to _____
Other conditions Chronic Myocarditis 3 yrs
(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 3
23. Signature W. Gustafson Nakano (M.D. or other) _____
Address 1402 So Grand Date signed 4-30-42

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

MOTHER FATHER

4. B

MAY 20 1952

BY REGISTERED
1452 St. Bernard Ave
2-430

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. G. Harris*

Licensed Embalmer No. 3384

P. O. Address *St Louis*

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.