DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19451

Registrar's No. 5662

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1127 Aubert Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 42yrs. 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. 1127 Aubert Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Julia Cass

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fem. 3

5. Color or race Col.

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

6. (b) Name of husband or wife John W. Cass

6. (c) Age of husband or wife if alive 72 yrs.

7. Birth date of deceased Dec. (Month) 25 (Day) 1864 (Year)

8. AGE: Years 77 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business at home

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John W. Cass

(b) Address 1127 Aubert Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvery

18. (a) Signature of funeral director C. T. Nash

(b) Address 3847 Page. Boul.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1942 hour 3 minute 10 A M.

21. I hereby certify that I attended the deceased from 3/19/42, 19__, to 6/24/42, 19__; that I last saw her alive on 6/24/42, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	don't know
Due to	
Due to none	
Other conditions none (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter H. Spornerman (M. D. or other)

Address 1506 St. Louis Date signed 6/30/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 3847 Page Boul., Registered Apprentice No. , working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2433

P. O. Address 3847 Page Blv.

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, above space should be left blank.