

FILED JAN -5 1943 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10731

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12/19
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4009 Lindell Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary T. Casey

3. (b) If veteran, name war _____

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

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 3 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John Tunney

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

14. Maiden name Ann Madden

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

16. (a) Informant Lela M. Casey

(b) Address 4009 Lindell Blvd

17. (a) Burial (b) Date thereof Dec 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) DEC 23 1942 J. F. Prudeck
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day December
year 1942 hour 3:05 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 11, 1942, to Dec. 21, 1942
that I last saw him alive on Dec. 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Cardiovascular Disease

Duration

3 years

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Coronary Hypertrophy
+ Coronary Atherosclerosis

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 Walter A. Dell (M. D. or other) MD
Address 2376 e. Mauchester Date signed 12-23-42

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

MOTHER FATHER

No. 30. Dice
21.17511 }
41-6636 }
7348 Man at the
At School of Embalmer
p. p. m

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..... *Frank J. Owens*

Licensed Embalmer No. *7245*

P. O. Address. *St. Louis Mo*

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.