V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32878

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4023

State File No. 1787

FILED MAR 2 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: 2658 Nebraska /
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 23 17 9

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

(d) Street No. 2658 Nebraska
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Cashel

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 Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 22 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	9	29	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Ernest Harris
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Emma Cashel
(b) Address 2658 Nebraska

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 Gravois

19. (a) FEB 23 1943 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 20, 1943, to Feb. 21, 1943;
that I last saw her alive on Feb. 21, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 O. E. Williamson (M. D. [redacted])
Address 6336 Clayton Road Date signed 7/22/43

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossen.

Licensed Embalmer No. 4247

P. O. Address 2906 Lawrin ave.

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.