

Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
1505 Trendley 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 1505 Trendley Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME David Casey

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Not known

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

7. Birth date of deceased December 17, 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 15
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER { 12. Name George Casey

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

14. Maiden name Unknown

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

16. (a) Informant Joseph Vincent

(b) Address St. Charles, MO

17. (a) Removal (b) Date thereof July 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo

18. (a) Signature of funeral director Haerzmann - Paul

(b) Address 326 N. 6th St. St. Charles, MO

19. (a) 7-12-1943 (b) Conrad E. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 9, 1943
~~July 12, 1943~~ to July 12, 1943
that I last saw him alive on July 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-Sclerosis Duration unknown

Due to cause undetermined
Valvular disease of heart
ritual resuscitation unknown

Other conditions none noted
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations none 928
Of autopsy none
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) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? no (Specify type of place)
(e) Means of injury none

23. Signature Willard Freeman (M. D. or other) MD
Address 205 N. Sixth St. St. Charles Date signed July 12, 1943

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

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.....

Licensed Embalmer No. *3121*

P. O. Address *St Charles 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.