S. No. 7
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26539

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 7275

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Peoples' Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 11

(c) City or town Peoria Louis NR
(If outside city or town limits, write "RURAL")

(d) Street No. 1408 4th Avenue
(If rural, give location)

(e) Citizen of foreign country No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME IVA MAE CASEY

3. (b) If veteran, name war ---

3. (c) Social Security No None

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Nathaniel C. Casey

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May (Month) 5, (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
37	3	7	-- hr. -- min.

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

10. Usual occupation Housewife

11. Industry or business ---

FATHER
12. Name John Edward Smith
13. Birthplace Columbia, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Luella Boldrew
15. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Nathaniel Casey
(b) Address 1408 4th Ave., Peoria, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) AUG 12 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th year 1943 hour 12: minute 55 A. M.

21. I hereby certify that I attended the deceased from Aug 1, 1943 to Aug 11, 1943 that I last saw her alive on Aug 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic ileus — Duration 5 days

Due to Operation for removal of uterine fibroid

Due to

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

Major findings:
Of operations Uterine fibromyoma
Of autopsy No significant

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 A. N. Vaughn (M. D. or other)
Address Peoples' Finance Bldg. Date signed 8/12/43

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(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.