

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1100 Ann 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 Mo. (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 1100 Ann Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Daniel A. Casey
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 26th. year 1943 hour 1 minute 45 a. M.

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Laura Casey
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased: Dec. 8th., 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-20-43 to 12-26-43
that I last saw him alive on 12/25/43 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 0 18 hr. min.

Immediate cause of death
acute cardiac dilatation 1 day
Due to lobar pneumonia 1 wk
Due to chronic myocarditis 3 yrs
Other conditions fracture of hip head 1 yr
(include pregnancy within 3 months of death)

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

10. Usual occupation Retired Paper Carrier

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name Larry Casey
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Sophie Roussin
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Casey
(b) Address 1100 Ann Ave.

17. (a) Burial (b) Date thereof 12-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) DEC 27 1943 (b) C. M. Lavan
(Date received local registrar) (Registrar's signature)

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?..... (c) Means of injury.....
23. Signature C. Theslie (M. D. or other) MD
Address Kirkwood, Mo. Date signed 12/26/43

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

96
4
3

MOTHER FATHER

Dr. C. H. Leslie
209 S. Kirkwood

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 W. H. Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.