

22873

No. 2

-2-43

-17-39

X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 160

FILED FEB 4 1944 8

11003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 919

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 DAYS  
(Specify whether  
 In this community 73 YEARS  
years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Cassidy

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 MARRIED6. (b) Name of husband or wife WILLIAM B. CASSIDY 6. (c) Age of husband or wife if alive 76 years7. Birth date of deceased MAY 16, 1869  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
74 8 12 hr. min.9. Birthplace QUINCY ILLINOIS  
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name JOHN LALLY13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)14. Maiden name MARGARET O'BRIEN15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)16. (a) Informant WILLIAM B. CASSIDY(b) Address 4603 WESTMINSTER PLACE17. (a) BURIAL (b) Date thereof JAN. 31-44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY CEMETERY18. (a) Signature of funeral director Arthur J. Donnelly(b) Address 3840 Lindell Blvd19. (a) JAN 20 1944 (b) J. F. Pudeuch  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County \_\_\_\_\_  
 (c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4603 WESTMINSTER PLACE  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th  
year 1944 hour 5 minute 45P.M.21. I hereby certify that I attended the deceased from Jan. 27th  
1944 to Jan. 28th 1944that I last saw her alive on Jan. 28th 1944  
and that death occurred on the date and hour stated above.Immediate cause of death cerebral hemorrhage Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: Of operations noneOf autopsy none

## 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 W. E. Wade (M.D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 1/28/44

(Licensed Embalmer's Statement on Reverse Side)

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

*Emb sep cert to be filed*

JAN 29 1944

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.....

P. O. Address.....

**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.**