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43
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86671

FILED APR 6 1944

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2986

1. PLACE OF DEATH:

(a) County... St. Louis

(b) City or town... St. Louis

(c) Name of hospital or institution: De Paul Hospital

(d) Length of stay: In hospital or institution. _____

In this community _____

2. USUAL RESIDENCE OF DECEASED: 999

(a) State... Illinois (b) County... St. Clair

(c) City or town... East St. Louis

(d) Street No... 1003 St. Louis

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country... 2

3. (a) PRINT FULL NAME Harry Casey

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

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28

year 1944 hour 10 minute a M.

21. I hereby certify that I attended the deceased from

Dr. G. I. 1943 to March 28 1944

that I last saw him alive on March 27 1944

and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

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

7. Birth date of deceased About 1888

Immediate cause of death

Carcinoma of stomach

Due to... Cause unknown

Duration 6 mos.

8. AGE:	Years	Months	Days	If less than one day
About 56				hr. min.

Other conditions Metastases to liver

And metastases

Major findings: Carcinoma of stomach

Of operations + intubation, Perium splenic flexure

Of autopsy _____

MOTHER FATHER

9. Birthplace Unknown Illinois

10. Usual occupation Steam fitter helper

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Unknown

14. Maiden name Unknown

15. Birthplace Unknown Unknown

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? _____

(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 _____

Signature: Reimer House (M. D. or other)

Address: 417 N. 3rd

Date signed: 3/29/44

16. (a) Informant Leo Kelley

(b) Address East St. Louis, Ill.

17. (a) Removal (b) Date thereof 3-29-44

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 29 1944 (b) J. F. Briedeck

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

John Agnoski

Licensed Embalmer No. *3398*

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.