

FILED MAY 15 1944

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(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)

3. (a) PRINT FULL NAME Virginia Casey

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept. 18, 1933
(Month) (Day) (Year)

8. AGE: Years 10 Months 7 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name Sheridan Casey
13. Birthplace Fredericktown Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Pearl Russell
15. Birthplace Fredericktown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Casey
(b) Address 2904 Victor St.

17. (a) Burial (b) Date thereof 5/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) MAY 5 1944 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (b) County 17
(If outside city or town limits, write "RURAL") 917
(d) Street No. 2904 Victor St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1944 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from March
1944 to May 1 1944
that I last saw her alive on May 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Rheumatism Duration 4
(Acute myocarditis) months

Due to _____

Due to _____

Other conditions Acute Dilatation Heart 5 days
(Include pregnancy within 3 months of death)

Major findings: Of operations none PHYSICIAN _____

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) _____
(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. Salisbury (M. D. or other) _____
Address 325 S. Lafayette Date signed 5/4/44

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 *Way A. Stewart*.....

Licensed Embalmer No. 3722.....

P. O. Address 412 Duchouquette St......

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.