

FILED MAY 25 1944
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 4625

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
DePaul 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 Johanna Agnes 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 married

6. (b) Name of husband or wife James A. Casey 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 10, 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER { 12. Name John Steffel

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Reichert

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Casey

(b) Address 3939a Potomac Street

17. (a) Burial (b) Date thereof 5/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3939a Potomac Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1944 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 8
1944 to May 16, 1944
that I last saw her alive on May 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocardial disease & DePaul's chronic

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: _____

Of operations _____

Of autopsy no autopsy

Duration Same

6 weeks

Personal Physician Frankly

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 DM

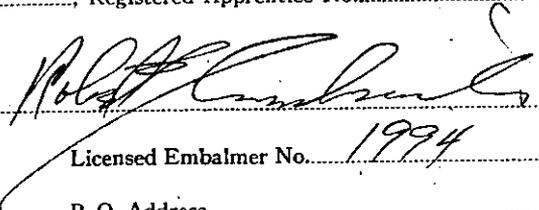
23. Signature J. F. Budek (M. D. or other) _____

Address Humbolt Bldg. Date signed 5/17/44

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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. 1994
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.