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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19550

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5937

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:
DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community years, months or days)

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. 6100 McPHERSON AVE.
(If rural, give location)

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

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3. (a) PRINT FULL NAME MARY T. CASEY

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 MARRIED

6. (b) Name of husband or wife JEROME F. P. CASEY

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased DONT KNOW (Month) 1874 (Day) (Year)

8. AGE: Years abt. 70 | Months DONT | Days KNOW | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name PATRICK GIBBONS
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name DONT KNOW
15. Birthplace (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant BOB DUNN
(b) Address 6100 McPHERSON AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

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

19. (a) JUL 3 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1 year 1944 hour 4 minute 30 P.M.

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

	Duration
Immediate cause of death: Congestive Heart Failure	10 days
Due to: Arts. Sclr. Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work (e) Means of injury

23. Signature D. M. Slavan (M. D. or other) Md
Address Kimmel at Bldg. Date signed 7/2/44

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.