S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29197

Registrar's No. 7927

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: 1321 MERCHANT ST.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1321 MERCHANT ST.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES CASEY, SR.

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY CASEY

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

7. Birth date of deceased JANUARY (Month) 14 (Day) 1857 (Year)

8. AGE: Years 87 Months 8 Days 1 If less than one day hr. min.

9. Birthplace ROLLA (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation NIL

11. Industry or business

MOTHER FATHER

12. Name UNKNOWN CASEY

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Anna Casey

(b) Address 1321 Merchant St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 18 1944 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmurr

(b) Address 3125 Lafayette Av.

19. (a) SEP 15 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1944 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 10, 1944, to Sep 14, 1944, that I last saw him alive on Sep. 14, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

General Infirmity

Due to Old age

Due to

Other conditions (Include pregnancy within 3 months of death)

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 Jos. Kaufmann (M. D. or other)

Address 1405 S. Broadway Date signed 9/15/44

(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 Jos B Vollmer

Licensed Embalmer No. 2104a

P.O. Address St Louis Mo

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.