

S. No. 2
M-8-43
S-17-39
P-1 X37623

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29198

FILED SEP 20 1944

1003

State File No.

Registrar's No. 7913

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:
Home for The Aged, 3400 So. Grand.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days.
(Specify whether
In this community 2 years, months or days)

3. (a) PRINT FULL NAME Philip . . . Cassady,

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

4. Sex 0 Male, 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 8 years

7. Birth date of deceased July 8, 1880.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>5</u>	hr. ____ min.

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

10. Usual occupation Day Laborer.

11. Industry or business

12. Name Philip Cassady,

13. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

14. Maiden name Alice Stanton,

15. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

16. (a) Informant Sister St. Ludivine,

(b) Address 3400 So. Grand.,

17. (a) Burial, (b) Date thereof 9/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem

18. (a) Signature of funeral director: Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.,

19. (a) SEP 14 1944
(Date of local 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. 232 So. Newstead,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13th
year 1944 hour 5: minute 00 P. M.

21. I hereby certify that I attended the deceased from 11 AM, 13 to 11 AM, 14
that I last saw him alive on Sept 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Cardio Renal

Due to degenerative

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131

Of autopsy

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

23. Signature [Signature] (M. D. or other) 9/14/44

Address Union Club St Date signed 9/14/44

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

MOTHER FATHER

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 me
..... Registered Apprentice No.
working under my personal supervision.

Signed

Howard K. Rowland

Licensed Embalmer No. 3114
4355 Washington Ave.,
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.