. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1158

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:
1416 Carr St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 1416 Carr (If rural, give location) 25
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRANK CASEY

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

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roberta Casey
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased December (Month) 15 (Day) 1871 (Year)

8. AGE: Years 73 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Unk. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name George Casey
13. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Roberta Casey
(b) Address 1416 Carr St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem
18. (a) Signature of funeral director English Und Co.
(b) Address 2931 Lucas Ave.
19. (a) FEB 6 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1945 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan. 29, 1945, to Jan. 31, 1945 that I last saw him alive on Jan. 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis
Due to Chronic Bronchitis
Due to Senility
Other conditions (Include pregnancy within 3 months of death) No
Major findings:
Of operation None
Of autopsy

Duration

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 Monroe H. Little (M. D. or [redacted])
Address 3167 Sheridan Ave. Date signed 2/3/45

(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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ave

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.