S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31759

FILED NOV 18 1945

Registration District No. 1003 Primary Registration District No. Registrar's No. 9258

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: 5512 Delmar Blvd.
(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:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5512 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARGARET B. CASEY
3. (b) If veteran, name war No.
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife RAY L. CASEY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 8 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
45	1	17	hr. min.

9. Birthplace Farmington (City, town or county) Mo. (State or foreign country)
10. Usual occupation Nurse
11. Industry or business
MOTHER FATHER
12. Name Ed Henderson
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth McCormick
15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Ray L. Casey
(b) Address 5512 Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt.
18. (a) Signature of funeral director Hanger-Shaw Und. Co.
(b) Address 4445 Lindell Blvd.
19. (a) OCT 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1945 hour 3 minute 05 P. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
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 Ray L. Casey (M. D. or other)
Address Ray L. Casey Date signed

(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 John Ogonoski

Licensed Embalmer No. 3398

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.