

FILED JAN 26 1946
Registration District No. 367

Primary Registration District No. 607B

Registrar's No. 17A

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 090
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3654 Shaw Avenue 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE F. CASSIDY

3. (b) If veteran, name war None 3. (c) Social Security No. 488-05-3738

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced, Married
6. (b) Name of husband or wife Sarah E. Cassidy 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 27, 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 22 If less than one day
hr. min.

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

10. Usual occupation Commercial Agent

11. Industry or business Toedebusch Transfer Company

MOTHER FATHER { 12. Name Patrick Cassidy
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Juffa Tierney
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah E. Cassidy
(b) Address 3654 Shaw Avenue

17. (a) Burial (b) Date thereof Jan. 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.

19. (a) 1-21-46 (b) G. B. Barron
(Date received local registers) (Registrar's signature) address 137 Metropolitan Bldg (M. D. or other) Date signed 1/18/46

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1946 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 11/26/45
_____ 19____ to 1/19 1946
that I last saw him alive on 1/19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy chronic myocarditis

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
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?

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

23. Signature Devery St John (M. D. or other) Date signed 1/18/46
address 137 Metropolitan Bldg

Duration 2 mo
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1935

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 Rex Campbell
Licensed Embalmer No. 3881
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.