

STANDARD CERTIFICATE OF DEATH

7131

State File No.

FILED FEB 11 1946
Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 275

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MANCHESTER NURSING-HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether years, months or days) 20 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 327 S ELM AVE.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN MCCASLIN

3. (b) If veteran, name war NO 3. (c) Social Security No. 500-16-463

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife CARRIE NETCHER MCCASLIN 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JANUARY - 18 - 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months — Days 12 If less than one day — hr. — min.

9. Birthplace PLEASANT VALLEY, PENN.
(City, town, or county) (State or foreign country)

10. Usual occupation clerk

11. Industry or business GENERAL ELEVATOR ENG. CO

12. Name JOSEPH M MCCASLIN

13. Birthplace BUCKS CO, PENN.
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN WIFE

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

16. (a) Informant J. M. C. Parker

(b) Address 327 S ELM AVE.

17. (a) BURIAL (b) Date thereof FEB-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAKHILL CEM.

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES, MO.

19. (a) 2-4-46 (b) J. M. C. Parker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1946 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan 23 1946, to Feb 1 1946; that I last saw him alive on Jan 30 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis & senility

Due to generalized arteriosclerosis

Due to ↑ 4 a

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?

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

23. Signature A. E. Marklin M.D. (M. D. or other)

Address 3502 Poloma Date signed 2-1-46

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

6
0
0
POST

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 *Leslie Welch*.....

Licensed Embalmer No. *4395*.....

P. O. Address *Wabster Groves N*.....

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.