

S. No. 2  
M-5-43  
5-17-39  
D I X36471

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

338471  
State File No. \_\_\_\_\_  
Registrar's No. 10006

FILED DEC 2 1946 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Josephine Heitkamp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3311 Eads Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rogers Day Casey  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 22 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 4 hrs min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Vernon R Casey  
13. Birthplace Cooter Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Zelma Long  
15. Birthplace Parsons Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon R Casey  
(b) Address 3311 Eads Ave

17. (a) st. Burial (b) Date thereof 11-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director A. W. McLaughlin  
(b) Address 2301 Lafayette Ave.

19. (a) NOV 22 1946 (b) J. J. [Signature]  
(Date received local Registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22  
year 1946 hour 11 minute 45 A.M.  
21. I hereby certify that I attended the deceased from 11/21/46 to 11/21/46, 19\_\_\_\_; that I last saw him alive on 11/21/46, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Anoxia  
Due to Asphyxia Neonatorum C 4 hrs  
Due to Placenta Praevia Central Type / 1 lb  
Other conditions (Include pregnancy within 3 months of death): Asphyxia  
Major findings: Placenta Praevia Central - strong Coarctation section  
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? \_\_\_\_\_

23. Signature Paul F. [Signature] (Specify type of place) \_\_\_\_\_  
Address 634 N. Grand Ave (b) Means of injury \_\_\_\_\_  
Date signed 11/23/46

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

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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.....

*C. W. Cooper*

Licensed Embalmer No.....

*3830*

P. O. Address.....

*230 Lafayette*

**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.**