

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25391**
Registrar's No. **6657**

FILED JUL 26 1947

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(c) Name of hospital or institution: IN ROUTE TO CITY HOSP. NO. 1
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME THOMAS D. 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 WIDOWED
6. (b) Name of husband or wife MARY
6. (c) Age of husband or wife If alive _____ years
7. Birth date of deceased JULY - 12 - 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER
12. Name JOHN CASEY
13. Birthplace UNKOWN
14. Maiden name UNKOWN
15. Birthplace UNKOWN

16. (a) Informant's own signature MR LEE A. CASEY
(b) Address 1311 DOLMAN ST.

17. (a) REMOVAL (b) Date thereof 7-15-47
(c) Place: burial or cremation MURPHY BORO, ILL

18. (a) Signature of funeral director ROUWLAND FUNERAL SOR.
(b) Address 4355 WASHINGTON AV

19. (a) _____ (b) J. F. Bredeker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State ILL (b) County JACKSON
(c) City or town GORHAM
(d) Street No. N.P.
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 14
year 1947 hour 7 minute 30 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Coronary artery disease
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature Patrick R. Taylor
Address 1300 Clark

6598

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..... *Alex Campbell*
Licensed Embalmer No..... *3881*
P. O. Address..... *4355 Washington*

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, above space should be left blank.