S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32396

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8999

1. PLACE OF DEATH:
(a) County St Louis
(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: Barnes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Barnes Hospital (Specify whether)
In this community 25 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Washington 110
(c) City or town POTOSI 1
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. 0
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CASEY, AVA OWEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race W.

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPT (Month) 4 (Day) 1879 (Year)

8. AGE: Years 68 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name L. A. WATKINS
13. Birthplace KENTUCKEY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NANCY MATTINGLY
15. Birthplace KENTUCKEY (City, town, or county) (State or foreign country)

16. (a) Informant Joe D. Casey
(b) Address Potosi Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation POTOSI Mo.

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi, Mo.

19. (a) SEP 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1947 hour 7 minute 26 M.

21. I hereby certify that I attended the deceased from 8-30 1947 to Sept. 24 1947
that I last saw her alive on Sept. 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage, c hemorrhage into ventricles

Due to

Due to

Other conditions Post-operative
(Include pregnancy within 3 months of death)
esophago-jejunostomy for carcinoma of stomach

Major findings:
Of operations Limitis plastica (carcinoma) of stomach about 1½ months before death.
Of autopsy

Duration 3 7 7 hrs.

PHYSICIAN
Underline the cause of 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 James B. Ludwig (M. D. or other) M.D.
Address Barnes Hospital, Date signed

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 7 1949

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 Howard Higgenbotham Registered Apprentice No. 53, working under my personal supervision.

Signed P. H. Bayer

Licensed Embalmer No. 4158

P. O. Address Potosi 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.