No. 2
1/47
17-39-

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35582

Registrar's No. 9505

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: City Infirmary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10/9/43 to 10/13/47 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

Street No. 5800 Arsenal St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary McCassidy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 14, 1870
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	0	29	hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Patrick Cassidy

13. Birthplace Ireland
(City, town, or country) (State or foreign country)

14. Maiden name Mary Quinn

15. Birthplace Ireland
(City, town, or country) (State or foreign country)

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Undertakers,

(b) Address 2849 North Euclid Avenue,

19. (a) OCT 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1947 hour 9 minute 40 M.

21. I hereby certify that I attended the deceased from 1/1 1947 to 10/13/47 that I last saw her alive on 10/13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive cardiovascular disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Myocardial infarct, old	

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 W. C. Lewis (M. D. or other)

Address 5600 Arsenal Date signed 10-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mil

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 Robert L. Brinkman

Licensed Embalmer No. 3659

P. O. Address.....

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.