. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40456

State File No.

FILED NOV 22 1947

Registration District No. 8477

Primary Registration District No. 3067

Registrar's No. 2395

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Ladue (Village).
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #10 Wickersham Lane. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7 weeks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis, 96
(c) City or town Village of Ladue, 12
(If outside city or town limits, write "RURAL")
(d) Street No. #10 Wickersham, Lane. 1
(If rural, give location)
(e) Citizen of foreign country? Yes. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ALICE M. SHEFFIELD - CASSAN.
3. (b) If veteran, name war None.
3. (c) Social Security No. None.
4. Sex Female.
5. Color or race White.
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Matthew Cassan.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased April 13, 1868.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79.	6.	19.	hr. min.

9. Birthplace Horsham, England. 4
(City, town, or county) (State or foreign country)
10. Usual occupation At Home. 1
11. Industry or business
FATHER
12. Name Amon Field.
13. Birthplace Horsham, England. 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ella Ellicott.
15. Birthplace England. 4
(City, town, or county) (State or foreign country)
16. (a) Informant Reginald Sheffield-Cassan.
(b) Address #10 Wickersham Lane,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/47
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,
19. (a) 11-3-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd, year 1947. hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cause unknown	
Due to Probably Senility	
Due to 1628	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [signature] (M. D. or other)
Address Commissioner of Health Date signed 11-19-47

WRITE PLAINLY—USING UNFADING BLACK INK—MAIL TO PERMANENT RECORD

NOV 22 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1947

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 Harold C. Kirk, Registered Apprentice No. 4, working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.