

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. Louis
(b) City or town ST. Louis
(c) Name of hospital or institution: 1321 MERCHANT ST.
(d) Length of stay: In hospital or institution
In this community years, months or days

3: (a) PRINT FULL NAME MARY CASEY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FE. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife JAMES CASEY Sr.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE 14 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 13
If less than one day hr. min.

9. Birthplace NEW YORK, N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business

12. Name UNKNOWN SINNOTT.

13. Birthplace NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

15. Birthplace NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Casey

(b) Address 1321 Merchant St.

17. (a) BURIAL (b) Date thereof JUNE 30-49
(City or town) (County) (State)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. L. Schumery

(b) Address 3125 Lafayette Ave.
19. (a) JUN 29 1948 (b) J. F. Bredes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town ST. LOUIS
(d) Street No. 1321 MERCHANT ST.
23
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1948 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 14
1948 to June 27 1948
that I last saw her alive on June 26 1948
and that death occurred on the date and hour stated above

Immediate cause of death Hemorrhage
Due to hypertensive other vessels
Due to

Other conditions general
(Include pregnancy within 6 months of death) 6 months

Major findings: Of operations Of autopsy
Of old age

Duration
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?

While at work? (Specify type of place)
(a) means of injury
23. Signature W. V. Koutsoumpas (M. D. or other)
Address 1405 S. K... Date signed 6/29/48

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

MOTHER FATHER

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 Joseph Wollmer

Licensed Embalmer No. 4014

P. O. Address 3195 Lafayette Ave. 4

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.