

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27581
7538
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(c) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Cassing, Henry
(b) If veteran, No
(c) Social Security No. Unknown
name war

4. Sex Male 0 5. Color or race White
(b) Name of husband or wife Unknown (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased July 6 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation Fireman

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Henry O'Neil

(b) Address Peoria, Ill.

17. (a) Removal (b) Date thereof 8-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomington, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 27 1948 (b) J. P. Breneck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Bloomington
(c) City or town Peoria
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1948 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 28, 1948 to August 25, 1948.
that I last saw him alive on Aug 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral vascular accident

Due to Hypertension and arteriosclerotic heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (e) Means of injury

23. Signature (M. D. or other)

Date signed

DEC 2 1948

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.