S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37965

FILED DEC 14 1948

Registration District No. 318

Primary Registration District No. 1008

Registrar's No. 10458

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

1. PLACE OF DEATH:

(a) County

(b) City or town City St. Louis (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 3/28/46/11-24 (Specify whether

In this community 48 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME John Casey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

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. 23, 1863 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	2	1	hr. min.

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

10. Usual occupation Steamfitter

11. Industry or business

FATHER
12. Name John Casey
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia ?
15. Birthplace Ireland (City, town, or county) (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 12-3-48 (Month) (Day) (Year)

(c) Place: burial or cremation SALVARY

18. (a) Signature of funeral director Cullen Kelly

(b) Address 4386 Lindell

19. (a) DEC 2 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24 year 1948 hour 3 minute P.M. M.

21. I hereby certify that I attended the deceased from 1946, 19, to 11-24, 1948 that I last saw him alive on 11-24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Generalized arteriosclerosis Fibrinous myocarditis (Time undetermined)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Palmer Dumont Bowlick (M. D. ~~or other~~)

Address City Infirmary Date signed 11/24

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, 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.