

S. No. 2
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. 5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37967
9689
Registrar's No.

Registration District No. 318 Primary Registration District No. 100's

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(c) Name of hospital or institution: ST. MARY'S INFIRMARY
(d) Length of stay: In hospital or institution. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(d) Street No. 3215 LACLEDE AVE
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME LEE W. CASWELL
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 5th year 1948 hour 3 minutes 20 P.M.

4. Sex MALE 2- race NEGRO
5. Color or race
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MINNIE CASWELL
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased 11 10 1894 (Month) (Day) (Year)

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.

8. AGE: Years 51 Months 11 Days 25 If less than one day hr. min.

Immediate cause of death: Suppurative Pericarditis
Due to...
Duration

9. Birthplace CHARLESTON MISS (City, town, or county) (State or foreign country)
10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death) 90
Due to...
Major findings: Of operations
Of autopsy

11. Industry or business
12. Name John Caswell
13. Birthplace Miss (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace Miss (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Minnie Caswell
(b) Address 3802nd Windsor Pl.
17. (a) BURIAL (b) Date thereof 11-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD CEM.

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?

18. (a) Signature of funeral director Ant. Walton
(b) Address 2707 STODDARD ST. NOV 8 1948
19. (a) (Date received local registrar) (Registrar's signature) J. B. Casata

While at work? (Specify type of place) Means of injury?
23. Signature (M. D. or other) Date signed 11/11/48

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.