

FILED JUL 5 1949
 # 96775

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

208677
 State File No. 5479

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ada		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
		d. STREET ADDRESS (If rural, give location) 9 515 E. DeSoto		
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Finty c. (Last) Casson		4. DATE OF DEATH (Month) (Day) (Year) June 22 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1891	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (State or foreign country) Glasgow, Scotland
12. CITIZEN OF WHAT COUNTRY? U. S.				
13a. FATHER'S NAME James Casson		13b. MOTHER'S MAIDEN NAME Margaret Sawyer		14. NAME OF HUSBAND OR WIFE Alma Casson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alma Casson, 515 E. DeSoto
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis Primary ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Site undetermined DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3001
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 19985
22. I hereby certify that I attended the deceased from 4-19-19 , 19__ to 6-22-49 , 19__, that I last saw the deceased alive on 6-22-49 , 19__, and that death occurred at 6:45 P. , from the causes and on the date stated above.				
22a. SIGNATURE Paul F. ...		22b. ADDRESS 1515 Lafayette Avenue		22c. DATE SIGNED 6-24-49
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-24-49		23c. NAME OF CEMETERY OR CREMATORY Big River
23d. LOCATION (City, town, or county) (State) Irondale, Missouri		24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Hoppe, 4700 Washington		
DATE REC'D BY LOCAL REG. JUN 25 1949		REGISTRAR'S SIGNATURE F. D. Kautz		

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

5479

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Isaac W. Wilkinson

Licensed Embalmer No.

3575

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.