

FILED AUG 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25610

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1571</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. LENGTH OF STAY (in this place) <u>108 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3322 Louisiana Avenue</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Giralamo</u> b. (Middle) _____ c. (Last) <u>CASSARA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1949</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 27, 1889</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Presser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tailoring</u>		11. BIRTHPLACE (State or foreign country) <u>Palermo, Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Salvatore Cassara</u>			13b. MOTHER'S MAIDEN NAME <u>Unavailable</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World-War-I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS <u>Eugene F. Nolan, Registrar</u> <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF RIGHT KIDNEY WITH METASTASES</u>								<u>Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Cerebral edema</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE, HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>March 7, 1949</u> , to <u>June 23, 1949</u> , that I last saw the deceased alive on <u>June 23, 1949</u> , and that death occurred at <u>2:50 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. E. Stilwell</u> (Degree or title) <u>Chf. Prof. Services</u>				23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>		23c. DATE SIGNED <u>6/23/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul</u>		24d. LOCATION (City, town, or county) (State) <u>Collinsville, Ills.</u>			
DATE REC'D BY LOCAL REG. <u>6-25-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donahoe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leo M. Schroepel</u>		ADDRESS <u>Schroepel Und. Co., Collinsville, Ill.</u>			

JUN 13 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Geo. M. Albrecht

Licensed Embalmer No. 1598

P. O. Address Collinsville, Ills.

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.