

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

3382

FILED JAN 21 1950

State File No. ....

4001

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>131</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>St. Louis</u>		
c. LENGTH OF STAY (in this place) <u>6 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		d. STREET ADDRESS (If rural, give location) <u>7345 Woodland Way</u>		4160		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7345 Woodland Way</u>				d. STREET ADDRESS (If rural, give location) <u>7345 Woodland Way</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>James</u>		b. (Middle) <u>F.</u>	c. (Last) <u>Casey</u>		Month <u>Jan.</u>		Day <u>14</u>	
Year <u>1950</u>								
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 11 1889</u>		
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 1 YEAR Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Poultry Dealer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>								
13a. FATHER'S NAME <u>James P. Casey</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Kinney</u>			14. NAME OF HUSBAND OR WIFE <u>Viola Casey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W.W. I</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Casey, 7345 Woodland Way</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glioma of Brain</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>		
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				193X		
19a. DATE OF OPERATION <u>Sept 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Glioma of Brain</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>				
21d. TIME OF INJURY <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>				
22. I hereby certify that I attended the deceased from <u>1-10</u> , 19 <u>50</u> , to <u>1-14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-14</u> , 19 <u>50</u> , and that death occurred at <u>4:20p</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>M. Staehle</u>				23b. ADDRESS <u>7124 Natural Bridge</u>		23c. DATE SIGNED <u>1-14-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 18 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-17-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dornke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral, 1905 Union Blvd.</u>				

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

MAR 1 1950

7124 N. Bridge,  
(9 to 11)

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

*Albert R. Thompson*

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.