

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22318

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1299</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 town or TOWN <u>Koch (rural)</u> )		c. LENGTH OF STAY (If this place) <u>1402 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2,219</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3319 Laclède</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Witty</u>		c. (Last) <u>Cason</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>2-28-08</u>	
9. AGE (In years birthday) <u>42</u>		IF UNDER 1 YEAR Months .....		IF UNDER 2 HRS. Hours .....		Min. ....	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY .....		11. BIRTHPLACE (State or foreign country) <u>Glasgow, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Witty Cason</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Brownson</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Emery (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>??</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records, Robt. Koch Hosp.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c) .....				INTERVAL BETWEEN ONSET AND DEATH <u>58 yrs.</u>  (??)	
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) .....		21f. HOW DID INJURY OCCUR? .....	
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? .....			
22. I hereby certify that I attended the deceased from <u>7-16-</u> <u>1946</u> , to <u>5-18-</u> <u>1950</u> , that I last saw the deceased alive on <u>5-18-</u> <u>1950</u> , and that death occurred at <u>5:40P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William A. ...</u>				23b. ADDRESS <u>Robert Koch Hospital</u>		23c. DATE SIGNED <u>5-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Glasgow</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-20-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Romke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Ind. Co., 2732 Pine Blvd.</u>			

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

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L.S.

**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 Blaise Young .....

Licensed Embalmer No. 3379 .....

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.**