

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

1003

31571
State File No. _____
Registrar's No. 8024

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri	
c. LENGTH OF STAY (in this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
		d. STREET ADDRESS (If rural, give location) 15 4356 Beck Ave.	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Henry		b. (Middle) Casanover	
c. (Last) Casanover		Sept. 21 - 50.	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7, 1894
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor	11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Tavern	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Joseph Casanover	13b. MOTHER'S MAIDEN NAME Bertha Kuetzmister	14. NAME OF HUSBAND OR WIFE Anna Casanover
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. 496-28-1764	17. INFORMANT'S SIGNATURE OR NAME Lester Casanover
		ADDRESS 3837 Meramec Ave.

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		19. INTERVAL BETWEEN ONSET AND DEATH 12 days +
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pseudomonas Peritoneae</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.			

19a. DATE OF OPERATION 9-8-50	19b. MAJOR FINDINGS OF OPERATION Pseudomonas Peritoneae	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 578X

22. I hereby certify that I attended the deceased from 9-9-50, 19, to 9-21-50, 19, that I last saw the deceased alive on 9-21-50, 19, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE John J. Kennedy M.D. emd	23b. ADDRESS 508 No Grand.	23c. DATE SIGNED 9-22-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/23/50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. SEP 22 1950	REGISTRAR'S SIGNATURE J.B. Lasater	EMERALD DIRECTOR'S SIGNATURE Chas. J. Smart	ADDRESS 1235 Union
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Clement McNeary*

Licensed Embalmer No. *3732*

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.