

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No.

I. PLACE OF DEATH a. COUNTY City Infirmery b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis Mo c. LENGTH OF STAY (in this place) OR 3. mo., 4 days d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Missouri COUNTY St. Louis CITY (If outside corporate limits, write RURAL and give township) St Louis 2059 d. STREET ADDRESS 6045 Cates Ave

3. NAME OF DECEASED a. (First) Mary b. (Middle) E c. (Last) Casey 4. DATE OF DEATH (Month) 10 (Day) 26 (Year) 50

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Jan 22, 1883 9. AGE (In years last birthday) 67 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Thomas Lahey 13b. MOTHER'S MAIDEN NAME Mary Mc Grath 14. NAME OF HUSBAND OR WIFE Joseph Casey (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mary Alice Casey ADDRESS 6045 Cates Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease 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 1 day 3 years.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO [X]

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 [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR? H2MO

22. I hereby certify that I attended the deceased from 7/22, 1950, to 10/26, 1950, that I last saw the deceased alive on 10/26, 1950 and that death occurred at 8 PM m., from the causes and on the date stated above.

23a. SIGNATURE George M. Foxall, M.D. (Degree or title) 23b. ADDRESS 5600 Arsenal Street. 23c. DATE SIGNED 10-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-30-50 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. OCT 28 1950 REGISTRAR'S SIGNATURE J. B. Lasater 25. FUNERAL DIRECTOR'S SIGNATURE Margaret Mick 2201 S. Grand Blvd ADDRESS

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 *J. Allen Davis Jr.*

Signed.....
Student Embalmer

Licensed Embalmer No. *41573*

P. O. Address *St. L.*

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.