

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2778**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Union</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Anna</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		STREET ADDRESS (If rural, give location) <b>§ 128</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clyde</b> b. (Middle) <b>Casper</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>March 27, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 23, 1912</b>
9. AGE (In years last birthday) <b>43</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Superintendent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Asphalt Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dongola, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Henry Casper</b>	
13b. MOTHER'S MAIDEN NAME <b>Anna Billow</b>		14. NAME OF HUSBAND OR WIFE <b>Beulah Casper</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Melvin Casper, Chicago, Ill.</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Neurothys, Siderochrom, Spont.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Anemysm, Sarcopen, multiple left internal cerebral artery</b> DUE TO (c) <b>arterial cerebral arteria</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>3-27-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Anemysm, 15 int. cerebral &amp; 10 ant. cerebral artery</b>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>452X</b>		22. I hereby certify that I attended the deceased from <b>3-21</b> , 19 <b>55</b> , to <b>3-27</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>3-27</b> , 19 <b>55</b> , and that death occurred at <b>6:00P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>George S. Rouche M.D.</b>		23b. ADDRESS <b>3720 Washington Ave.</b>	
23c. DATE SIGNED <b>8-28-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>3-28-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jonesboro, Ill.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 28 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	

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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.....  
Signature of Student Embalmer

Signed *John J. Haines*  
Licensed Embalmer No. *4108*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. ...  
If this body is not embalmed, fact should be so stated above.