

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **13192**
Registrar's No. **3389**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.	c. LENGTH OF STAY (in this place) DOA	c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		STREET ADDRESS (If rural, give location) 2300 Olive St. 2190	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Patrick	c. (Last) Casey	4. DATE OF DEATH (Month) (Day) (Year) April 12, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 16, 1894	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	10b. KIND OF BUSINESS OR INDUSTRY University Club	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dennis Casey	13b. MOTHER'S MAIDEN NAME Mary McCarthy	14. NAME OF HUSBAND OR WIFE Helen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W. W. 1 Unknown	17. INFORMANT'S SIGNATURE OR NAME John Casey	ADDRESS 1614 No. 17th St.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Coronary Insufficiency		
	DUE TO (c) Cardiac Hypertrophy		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1343
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick C. Taylor (Date or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 4.16.55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-16-55	24c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.
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DATE REC'D BY LOCAL REG. APR 15 1955	REGISTRAR'S SIGNATURE J. Carl Smith md	25. FUNERAL DIRECTOR'S SIGNATURE Morrell Bros.	ADDRESS 4212 St. Louis, Ave.
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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 Runkley*.....

Licensed Embalmer No. *765*

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.