

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20660**

FILED JUL 7 - 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **1376**

1. PLACE OF DEATH a. COUNTY St. Louis 8		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 1 b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Webster Groves		c. LENGTH OF STAY (in this place township) D.O.A.	c. CITY OR TOWN Webster Groves
d. FULL NAME OF HOSPITAL OR INSTITUTION County Hospital		e. STREET ADDRESS (If rural, give location) 538 Florence Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) George	c. (Last) Cason	4. DATE OF DEATH (Month) (Day) (Year) June 16 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 5, 1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Engineer	10b. KIND OF BUSINESS OR INDUSTRY Mississippi Valley Iron Co.	11. BIRTHPLACE (City and State or Foreign Country) Salem, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Franklin Cason	13b. MOTHER'S MAIDEN NAME Amanda Cockran	14. NAME OF HUSBAND OR WIFE Tessie M. Cason
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-24-5564	17. INFORMANT'S SIGNATURE OR NAME Dr. Elbert H. Cason	ADDRESS 538 Florence Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of the head with	ANTECEDENT CAUSES		
	DUE TO (b) resultant brain damage and intra-		
	DUE TO (c) cranial hemorrhage		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webster Groves St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) June 16, 1955 9:47 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound of the head.
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arnold J. Willmann, Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 6-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 18, 1955	24c. NAME OF CEMETERY OR CREMATORY ELSAH	24d. LOCATION (City, town, or county) (State) Elsah, Ill.
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DATE REC'D BY LOCAL REG. 6/17/55	REGISTRAR'S SIGNATURE Herbert R. Donke H.D.	25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister Colonial Mortuary	ADDRESS 6464 Chippewa St., St. Louis, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

0.300
0.48

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..... *Harry J. Schenker*

Licensed Embalmer No. *2679*

P. O. Address *7574 S. Broadway*

**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.**