

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3360

State File No.

FILED FEB 10 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Pasadena Hills,</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Visiting</u>		e. STREET ADDRESS (If rural, give location) <u>8534 Mora Lane,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3927 Roland Blvd., 21,</u>			

3. NAME OF DECEASED (Type or Print) <u>ALBERT</u>	a. (First) _____	b. (Middle) <u>A.</u>	c. (Last) <u>CASSEL,</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27th, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 16th, 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Market</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Salem, New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Herman Cassel</u>	13b. MOTHER'S MAIDEN NAME <u>Tina Morris</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Cassel nee Taylor</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>492-01-4863</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Cassel, 8534 Mora Lane, 21</u>	ADDRESS _____
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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, athermia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>3 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic gastritis-</u>		
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 <u>4343</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____
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22. I hereby certify that I attended the deceased from Oct, 1952 to Jan 27, 1956, that I last saw the deceased alive on Jan 27, 1956 and that death occurred at 7:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Barbara Johnson M.D.</u>	23b. ADDRESS <u>6400 Morganford</u>	23c. DATE SIGNED <u>1-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/30/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-30-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Bombed</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ,</u>	ADDRESS <u>4828 Natural Bridge Blvd.,</u>
		FUNERAL HOME, INC., St. Louis, 15, Mo.	

26. (Licensed Embalmer's Statement on Reverse Side)

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

After 3:30PM Saturday Sure
File in St. Louis County.

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 *Ralph L. Jandus*.....

Licensed Embalmer No. 427.....

P. O. Address *R. L. Jandus*.....

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.