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FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19048

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1197

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood 4004
d. STREET ADDRESS (If rural, give location): 2833 Laclede Sta. Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): L.
c. (Last): Casey

4. DATE OF DEATH (Month) (Day) (Year): May 11th 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Ma rried
8. DATE OF BIRTH: June 2nd 1873
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 11, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steamfitter
10b. KIND OF BUSINESS OR INDUSTRY: Kremer-Hicks Co.
11. BIRTHPLACE (City and State or Foreign Country): Nashville, Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jacob Casey
13b. MOTHER'S MAIDEN NAME: Unknown Clark
14. NAME OF HUSBAND OR WIFE: Anna Casey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 494-09-5741
17. INFORMANT'S SIGNATURE OR NAME: Anna Casey — ADDRESS: Above

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured Sigmoid,

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of sigmoid
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
153X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 10, 1950, *to* May 11, 1956 *that I last saw the deceased alive on* May 11, 1956, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. A. Sterling M.D.
23b. ADDRESS: 7266 Manchester
23c. DATE SIGNED: 5-12-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-14-56
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Eolia, Mo.

DATE REC'D BY LOCAL REG.: 5-13-56
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: JAY B. SMITH, Maplewood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 18 1958

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 .....
Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.