FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6061

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1132

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 0/ 1314a Hamilton Ave. — Length of stay in Hospital: Life 2.69

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1314a Hamilton Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Henry — Middle F. — Last Casey

4. DATE OF DEATH: Month Feb. Day 3 Year 1957

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Oct.5,1874

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 3, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Bookeeper-Wm.Clarkson & Son

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St.Louis,Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Casey

14. MOTHER'S MAIDEN NAME: Ann Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 494-01-7979a

17. INFORMANT: Mrs.Mildred Casey — Address: 1314a Hamilton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — Interval between onset and death: 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS — 15 yrs
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Cerebral Arteriosclerosis 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from SEPT 1955 to FEB 1957 and last saw ~~her~~ him alive on FEB. 2, 1957
Death occurred at 7:30 am. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John J Riley (Degree or title) MD

22b. ADDRESS: Mo Theatre Bldg

22c. DATE SIGNED: 4 FEB 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb.6,1957

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J Donnelly — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: FEB 4 '57

26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by ~~me, or by~~ me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 46

P. O. Address 3846

. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.