

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15671**

FILED APR 25 1957

BIRTH NO. _____		REG. DIST. NO. 312	PRIMARY REG. DIST. NO. 580	Registrar's No. 700
1. PLACE OF DEATH a. COUNTY St. Louis		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) Rural Wellston		c. LENGTH OF STAY (in this place) 2 yrs. 5 mos.	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital		e. STREET ADDRESS (If rural, give location) 3931 Cleveland Avenue		
3. NAME OF DECEASED (Type or Print) a. (First) NELLIE		b. (Middle) THERESA	c. (Last) CASEY	4. DATE OF DEATH (Month) (Day) (Year) Mar. 15, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 27, 1873	9. AGE (In years last birthday) 83 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 14 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Ryan		13b. MOTHER'S MAIDEN NAME Ellen Ready	14. NAME OF HUSBAND OR WIFE Husband deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records of St. Vincent's Hospital	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		Years
		DUE TO (c) Chronic Brain Syndrome associated with senile brain disease Hypertension		2 1/2 Years
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 4200	
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? _____
22. I hereby certify that I attended the deceased from 10-21-54 , 19____, to 3-15-57 , 19____, that I last saw the deceased alive on 3-15-57 , 19____, and that death occurred at 1:55 Am. , from the causes and on the date stated above.				
23a. SIGNATURE St. Bauet MD (Degree or title)		23b. ADDRESS 7301 St. Charles Rock Road St. Louis 14, Missouri	23c. DATE SIGNED 3-15-57	
24a. BURIAL SECTION, REMOVAL (Specify) Removal		24b. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24c. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 3/15/57		REGISTRAR'S SIGNATURE Herbert A. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3840 Lindell Blvd.	

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

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 me..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 469

P. O. Address 3840 Lind

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.