

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26995

State File No. \_\_\_\_\_

FILED AUG 7 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1811

1. PLACE OF DEATH  
a. COUNTY ST. LOUIS  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carsonville c. LENGTH OF STAY (in this place) 1 1/2 yrs  
c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 37 Penn Nursing Home e. STREET ADDRESS (If rural, give location) 76 5916 Elmbank

3. NAME OF DECEASED (Type or Print) a. (First) Alva b. (Middle) P. c. (Last) Casey 4. DATE OF DEATH (Month) (Day) (Year) July 19 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 4-1-1875 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 14 HRS. Hours 0 Min. 0

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe fitter 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and State or Foreign Country) Duquoin Ill 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Casey 13b. MOTHER'S MAIDEN NAME Not Known 14. NAME OF HUSBAND OR WIFE Mary

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. 488-05-074 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Calvert E. St. Louis Ill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic Heart disease INTERVAL BETWEEN ONSET AND DEATH unknown

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary fibrosis unknown

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  4200

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) \_\_\_\_\_ 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 Apr 29 1955 to July 19 1957, that I last saw the deceased alive on July 16 1957 and that death occurred at 12:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis L. Lottman MD 23b. ADDRESS 8231 Clayton Rd 23c. DATE SIGNED 7/20/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-22-57 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus 24d. LOCATION (City, town, or county) (State) St. Louis Co Mo

DATE REC'D BY LOCAL REG. 7/19/57 REGISTRAR'S SIGNATURE Herbert B. Dombek 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Kou 2707 N. Howard

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Albert Mayfield* .....  
Licensed Embalmer No. *507* .....  
P. O. Address *St. Louis* .....

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.