

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If outside, give location) 2705 Falls Ave.	
3. NAME OF DECEASED (Type or print) First Eugene Middle Last Casey		4. DATE OF DEATH Month Nov. Day 7 Year 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Abt. 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repair	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Rutless, Ga.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Casey		14. MOTHER'S MAIDEN NAME Dellie Armor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Mr. Charlie Casey Address R. R. 2, Box 17 Ullin, Illinois
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple penetrating wounds of the abdomen with laceration of the intestine; suffered when deceased jumped from window to fence below at St. Mary's Infirmary on November 14, 1957 while suffering a temporary			INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) as above DUE TO (c) as above			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) as above	
20c. TIME OF INJURY Hour 7 a. m. p. m. Month 11 Day 7 Year 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) St. Louis Mo	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 7:40 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick L. Taylor Coroner (Degree or title)		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 11-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-13-57	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR G. Wade Granberry ADDRESS 4202 Finney Ave.		25. DATE RECD. BY LOCAL REG. NOV 12 57	26. REGISTRAR'S SIGNATURE Carl Smith Mo

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Receipt
 of
 SACS Health Care
 Date
 Unknown
 U.S.A.
 John Green
 License No.

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 *Leroy U. Bonmeister*
 Licensed Embalmer No. 4523

P. O. Address 4251 Washin

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