

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012551

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 772

1. PLACE OF DEATH a. COUNTY ST LOUIS COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ST LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN CLAYTON MO Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN WEBSTER GROVES Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION COUNTY Hosp. DOA			d. STREET ADDRESS (If outside, give location) Reside on Farm 271 EAST KIRKHAM No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last JAMES R CASEY			4. DATE OF DEATH Month Day Year MARCH 14 58		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH DEC 18, 1891		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITER			10b. KIND OF BUSINESS OR INDUSTRY WAITING TABLES		11. BIRTHPLACE (City and state or country) NEW HAVEN MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME FRANK CASEY		
14. MOTHER'S MAIDEN NAME CORA LUCY JONES			15. WAS DECEASED EVER IN U.S. ARMED SERVICES (Yes, no or unknown) UNKNOWN		
16. SOCIAL SECURITY NO. UNKNOWN			17. INFORMANT CORA LUCY JONES Address 271 E. KIRKHAM		
18. CAUSE OF DEATH [Enter only one cause per (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolus DUE TO (b) Coronary Heart Disease DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>	
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. Month, Day, Year p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1951 to 3/14/58 and last saw her alive on 3/14/58 Death occurred at 10:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree of title) PHYSICIAN & SURGEON			22b. ADDRESS E. RUSAN, M.D.		
22c. DATE SIGNED 3-17-58			23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		
23b. DATE 3/17/58		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town or county) (State) Jeff. Bks Mo	
24. FUNERAL DIRECTOR J. J. Gandell, 450 No 177 Webster Groves Mo			25. DATE RECD. BY LOCAL REG. 3-17-58		
26. REGISTRAR'S SIGNATURE [Signature]			27. REGISTRAR'S SIGNATURE [Signature]		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Herbert J. Yand*.....

Licensed Embalmer No. *42*.....

P. O. Address *130 E. Glendale*
Webster Ave

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.