URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 1959

59-042892
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3069

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Johns — Length of stay in 1b 3 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3425 Brown Road — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~Franklin~~ St. Louis
c. CITY OR TOWN St. Johns — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3425 Brown Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Daniel Middle A. Last Casey
4. DATE OF DEATH Month Nov. Day 16, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Dec. 25, 1874
9. AGE (last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Richwoods, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Frank Casey
13b. MOTHER'S MAIDEN NAME Julia LaPee
14. NAME OF HUSBAND OR WIFE Isabell Casey
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. None
17. INFORMANT Jeanette Cordia Address St. Johns, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion. — 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension — 4 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 June 1956, to 11-17-59 and last saw ~~her~~ him alive on 11-14-59
Death occurred at 10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herman J. Kloerber M.D.
22b. ADDRESS 9616 Baddeland Rd
22c. DATE SIGNED 11-17-59

23a. BURIAL, CREMATION, REMOVAL ~~Burial~~
23b. DATE Nov. 20, 1959
23c. NAME OF CEMETERY OR CREMATORY St. Stephens Cemetery
23d. LOCATION (City, town, or county) (State) Richwoods, Missouri

24. FUNERAL DIRECTOR Casey-Lenox ADDRESS St. Clair, Mo.
25. DATE RECD. BY LOCAL REG. 11-19-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by K. M. Lenox, Jr., Student Embalmer No. 575

working under my personal supervision.

Student K. M. Lenox, Jr. Signed K. M. Lenox
Signature of Student Embalmer

Licensed Embalmer No. 3601

P. O. Address St. Clair, Mo.

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