

AMENDED FILED MAR 30 1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2761 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF THIS RECORD ARE NOT ALLOWED

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

|   |  |   |  |   |  |  |  |   |                                    |  |  |
|---|--|---|--|---|--|--|--|---|------------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS, MO.</b>                |  | Length of stay in 1b  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY |  | c. CITY OR TOWN <b>St. Louis</b>  |                                    | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP. #1</b>   |  |   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location)<br><b>316 Laurel Ave.</b>  |  |   |                                    | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>FLORENCE</b> Middle Last <b>CASEY</b>   |  |   |  |   |  | 4. DATE OF DEATH<br>Month <b>MARCH</b> Day <b>21</b> Year <b>1961</b>  |  |   |                                    |  |  |
| 5. SEX<br><b>Female</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>6-25-1893</b>   |  | 9. AGE (last birthday)<br><b>67</b>   |                                    | IF UNDER 1 YEAR<br>Months Days Hours Min.                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                                    |  |  |
| 13a. FATHER'S NAME<br><b>August Wainwright</b>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Josephine Heinzelman</b>  |  |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Alfred Casey</b>  |                                    |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  |   |  | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  | 17. INFORMANT Address<br><b>Mrs. Katherine Hunike 345 Cannonbury</b>   |  |   |                                    |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Subarachnoid hemorrhage</u><br>DUE TO (b) <u>Arterial hypertension</u><br>DUE TO (c) <u>330x</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |   |  |  |  |   |                                    | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u><br><u>unk.</u>           |  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                    |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 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<br>Hour a.m. p.m.<br>Month, Day, Year   |  | 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 <u>3-17-61</u> to <u>3-21-61</u> and last saw her/him alive on <u>3-21-61</u><br>Death occurred at <u>2:50</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |   |  |  |  |   |                                    |  |  |
| 22a. SIGNATURE (Degree or title)<br><i>Lois Smith, M.D.</i>   |  |   |  |   |  | 22b. ADDRESS<br><b>1515 LAFAYETTE AVENUE</b>   |  |   | 22c. DATE SIGNED<br><b>3-21-61</b> |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 23b. DATE<br><b>3-23-61</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lake Charles Cemetery</b>  |  | 23d. LOCATION (City, town, or county)<br><b>St. Louis Co., Mo.</b>   |  | 23e. STATE<br><b>Mo.</b>  |                                    |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Drehmann-Harral 1905 Union Blvd.</b>   |  |   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>MAR 22 1961</b> |  | 26. REGISTRAR'S SIGNATURE<br><i>Lois Smith, M.D.</i> |   |                                    |  |  |

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4257

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.