

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-036013
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9165**

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 3 1962

1. PLACE OF DEATH
a. COUNTY **St. Louis Mo.**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Chronic Hosp** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4955 Washington Ave** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4955 Washington Ave** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
DELLA DEAN Cass **Sept. 21 1962**

5. SEX **F.** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **May 30, 1883** 9. AGE (last birthday) **79** IF UNDER 1 YEAR Months Days Hours Min. **4 8** IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **DOMESTIC** 10b. KIND OF BUSINESS OR INDUSTRY **-** 11. BIRTHPLACE (City and state or country) **Black River Falls - Wis.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Abraham Cline** 13b. MOTHER'S MAIDEN NAME **Martha E Naull** 14. NAME OF HUSBAND OR WIFE **Jay Carland Cass**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address **Hospital records.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Arteriosclerotic heart disease** INTERVAL BETWEEN ONSET AND DEATH **unknown**
DUE TO (b) **Generalized arteriosclerosis** **unknown**
DUE TO (c) **4200**

OK. Paul Fingerhood Dept of Coroner 9/21/62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Anemia, not otherwise classified** 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 . Month, Day, Year a.m. p.m.

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 **9/20/62** to **9/20/62** and last saw her/him alive on **9/20/62**
Death occurred at **9/21/62, 10:55 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Marvin G. Fingerhood, M.D.** 22b. ADDRESS **5600 Arsenal St.** 22c. DATE SIGNED **9-22-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal (Mtr)** 23b. DATE **Sept. 22, 1962** 23c. NAME OF CEMETERY OR CREMATORY **St. Elmo Illinois** (State)

24. FUNERAL DIRECTOR ADDRESS **Kriegshauser 4228 S. Kingshighway** 25. DATE RECD. BY LOCAL REG. **SEP 22 1962** 26. REGISTRAR'S SIGNATURE **Road Smith Mo.**

VS 300 Rev. 4/59

1
2 **21**
3
4 **1**
5 **2**
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7 **1**
8 **2**
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10
11
12 **76-0**
13

STATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

76

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 *Dick Stoumud*

Licensed Embalmer No. 4007

P. O. Address _____

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.