MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 3550 ~~2979~~ 791 1003 ~~2104~~

File No. ..... Registered No. 1051

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. ..... (Ward)

City St. Louis (No. 2825a Clara ave. St.)

2. FULL NAME Margaret Casey

(a) Residence. No. 2825a Clara Ave. St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widowed

5A. ~~Married, Widowed, or Divorced~~ ~~Husband of~~ (OR) WIFE OF Thomas Casey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14 – 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	—	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT John Casey
(Address) 2825a Clara Ave.

15. FILED FEB 1 1930, 19 ..... Mary C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/31 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930, to Jan 31, 1930, that I last saw b. alive on Jan 31, 1930, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility, Cerebral Sclerosis
Hypertrophy Myocardial
92 A
a 7 (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Ann Khall, M. D.
Jan 31, 1930 (Address) 2702 Cass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery — DATE OF BURIAL 2/3 1930

20. UNDERTAKER Cullinane Bros. — ADDRESS 1710 N. Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

385
150

L 704 Case
1:30 p.m. to 4:30 p.m.