N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

21611

JUL 12 1935

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. ..... Registered No. 5609

City St. Louis n (No. 5327 Reber Place St. ..... Ward)

2. FULL NAME John Casknett

(a) Residence, No. 5327 Reber Place St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF, (OR) WIFE OF Mary A. Casknett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water Dept.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse New York

FATHER

13. NAME Charles Casknett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Christina La Tour

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mary A. Casknett 5327 Reber Place

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE July 1 1935

19. UNDERTAKER (ADDRESS) A. H. McLaughlin 2301 Lafayette Ave

20. FILED JUN 29 1935 19 J. S. Beckeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1935.

22. I HEREBY CERTIFY, That I attended deceased from June 1933, to June 29, 1935

I last saw him alive on June 28, 1935. Death is said to have occurred on the date stated above, at 12:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	6/25/35
93C	

Other contributory causes of importance:

Myocarditis Chronic	1934
Arteriosclerosis	1934

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Victor L. Gould, M. D.

(Address) 2811 Watson Blvd, St Louis Mo