

MAR 13 1939

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

5004
Do not use this space.

791
1003

Registered No. 1697

1. PLACE OF DEATH

(a) County Registration District No.

(b) Township Primary Registration District No.

(c) City St. Louis. (d) Street No. 3607 Page Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Michael Casey.

(a) Residence, No. 3607 Page Blvd. St. 11 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

44 56⁰⁰ UNKNOWN

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sheet Metal

9. Industry or business in which work was done, as saw mill, bank, etc. Worker.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Bryan Casey.

FATHER 14. BIRTHPLACE (CITY OR TOWN) Ireland. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME UNKNOWN

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Ireland. (STATE OR COUNTRY)

17. INFORMANT Mary Neary. (ADDRESS) 3912 No. Market St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 23-1939

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly. (ADDRESS) 3840 Lindell Blvd.

20. FILED FEB 22 1939 19 J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1939 to Feb 21, 1939

I last saw him alive on Feb 20, 1939. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Pulmonary Tuberculosis

Date of onset 1935

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) [Signature], M. D.
(Address) 1316 A. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X16603

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.

*Embalmed: Eastern
M. L. ...*

*1939
E 181
6 E 61*

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Stanley Marchlewski*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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 this body is not embalmed, above space should be left blank.