

REC'D MAR 9 1939

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

5279
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 399
(b) Township 1st Primary Registration District No. 1002
(c) City St. Louis (d) Street No. 2222 Genl Inspr Registered No. 478
(If death occurred in hospital or institution, write its name instead of street and number) St. _____
(e) 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. _____

2. PRINT FULL NAME

(a) Residence, No. 1021 Jefferson St. (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 M. 4. COLOR OR RACE W. 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) 3-4-1937

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
1 11 _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME William Cassidy

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

MOTHER 15. MAIDEN NAME Jane Bryan

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

17. INFORMANT (ADDRESS) Reverend Clark
2222 Genl Inspr

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 2-7-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Wagner
City

20. FILED 276 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-30 1939 to 2-4 1939

I last saw her alive on 2-4 1939. Death is said to have occurred on the date stated above, at 10:00 AM

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

Sept lobar lobes Date of onset _____
Pneumonia; Sept _____
upper Empyema _____

Other contributory causes of importance:

Atelectasis right
upper lobe

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____

If so, specify _____

(Signed) P. J. De Maria, M. D.

(Address) 2222 Genl Inspr

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.....

Licensed Embalmer No.....

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