

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Brentwood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9126 Madge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Nancy Ellen Casper**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marshall Casper** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Sept. 2, 1875**
(Month) (Day) (Year)

8. AGE: Years **65** Months **5** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Charleston, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Wm. Watkins**
13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Missouri Shelby**
16. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mabel Brockman**

(b) Address **9126 Madge**

17. (a) **Burial** (b) Date thereof **2-19-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cem.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **FEB 19 1941** (b) *R. M. ...*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**
(c) City or town **Brentwood** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **9126 Madge** **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **18**
year **1941** hour **10** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **February 11, 1941** to **February 16, 1941**;
that I last saw her alive on **February 16, 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure**
Degenerative heart disease, 2 yrs
Duration _____

Due to _____
Due to _____
Other conditions **47 A**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **R. B. Bowersman** (M. D. **0**)
Address **4030 Chateau Avenue** Date signed **Feb 18, 1941**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

J.P. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.