S. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19769

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4581

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4558 McMillan Av. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 127 (If outside city or town limits, write "RURAL")

(d) Street No. 4558 McMillan Av. 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Elizabeth Casey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Sullivan Casey

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 11th (Day) 1859 (Year)

8. AGE: Years 81 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Reform (City, town, or county) O Missouri (State or foreign country)

10. Usual occupation Housewife

11. ~~Industry or business~~ Jerome Maddox

FATHER
12. Name
13. Birthplace Unknown (City, town, or county) O Missouri (State or foreign country)

MOTHER
14. Maiden name Nancy Coots
15. Birthplace Unknown (City, town, or county) O Missouri (State or foreign country)

16. (a) Informant Mrs. J. P. Casey

(b) Address 7603 Forsythe Bl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Sappington Burial Ground

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington Bl.

19. (a) (Date received local registrar) (b) J. W. Biedeck (Registrar's signature)

JUN 1 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May. 30 day 31st year 1941 hour 2. minute 27 P M.

21. I hereby certify that I attended the deceased from May 25, 1941, to May 31, 1941; that I last saw her alive on May 31st, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Coronary Arteries

Due to

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Orrick E. Smith (M. D. or other)

Address 4103 W. Pine Date signed 6-1-41

(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1948

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 John Ketler

Licensed Embalmer No. 3880

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.