No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36795

State File No. 9025

Registration District No. DEC 22 1941 791

Primary Registration District No. 1003

Registrar's No.

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mos. 27 days (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 3168 Easton Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Millie Casey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 29 (Day) 1859 (Year)

8. AGE: Years 82 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Frank Bricky
13. Birthplace (City, town, or county) Mo (State or foreign country) D

MOTHER
14. Maiden name Arzila
15. Birthplace (City, town, or county) Mo. (State or foreign country) D

16. (a) Informant Hilda Pierce
(b) Address 3168 Easton ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation [redacted] Mo

18. (a) Signature of funeral director F. P. Green
(b) Address 2915 Franklin Ave.

19. (a) NOV 14 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 11, day 1941 year hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 13, 1941, 19, to Nov. 11, 1941, 19; that I last saw her alive on Nov. 11, 1941, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Interstitial Nephritis	Indef.
Chronic Condition	
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Erwin (M. D. or other)
Address 2601 Whittier Date signed 11-12-41

(Licensed Embalmer's Statement on Reverse Side)

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. 2963

P. O. Address 2915 Franklin

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, fact should be so stated above.