S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 146 472

Registration District No. 791 1 Primary Registration District No. 100 Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Christian Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23

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

(d) Street No. 1802 S. Jefferson Ave 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Maurice J. Cassidy

3. (b) If veteran, name war ******

3. (c) Social Security No. 489-22-3741

4. Sex Male h

5. Color or race White

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

6. (b) Name of husband or wife Thresa C. Cassidy

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 24 1876 (Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Patrick Cassidy
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Margaret ???
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Theresa Cassidy
(b) Address 1802 S. Jefferson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Peetz Brothers
(b) Address 5029 Lafayette Ave

19. (a) Jan 16 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day January year 1942 hour 8:18 minute A. M.

21. I hereby certify that I attended the deceased from March 21, 1940, to Jan 14, 1942, that I last saw him alive on Jan. 14, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 days.
Due to Arterio-Sclerosis	
Due to	
Other conditions Gangrene Left Foot. — (Include pregnancy within 3 months of death) 1st + 2d toes.	

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 Andrew J. Klein, D (M. D. or other) M.D.
Address 4632 So Grand Date signed 1/15/42

(Licensed Embalmer's Statement on Reverse Side)

Dr Andrew Ellis
4632 [illegible]
Will call later

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 [illegible]

Licensed Embalmer No. 2245

P. O. Address [illegible]

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.