

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. **5432**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Hospital #1.**  
(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 **Mo.** (b) County **St. Louis**  
(c) City or town **Wellston**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6454 Myrtle Ave.,**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Frances Casey**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Tom J. Casey** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 7, 1874.**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>11</b>	<b>16</b>	hr. _____ min. _____

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

10. Usual occupation **Housework**

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name **Anthony Hoepfer**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Don't Know**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John H. Casey**

(b) Address **6454 Myrtle A ve.,**

17. (a) **Burial** (b) Date thereof **June 2 6/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodienmont Ave.,**

19. (a) **JUN 24 1942** (b) **J. F. Prudeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**  
year **1942** hour **4:30** minute **A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Thrombosis, Localized Peritonitis following ruptured empyema of gall Bladder;**  
Due to when she was struck by an automobile driven by one Michael Frank Lombardo in front of 4629 Natural Bridge Ave., about 8:30 P.M. June 5, 1942  
Other conditions **1942**  
(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) **Accident 000**  
(b) Date of occurrence **June 5, 1942**  
(c) Where did injury occur? **St. Louis, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**10 In Public Place**  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury **Car**

23. Signature **James J. Zimmerman** (M.D. or other) \_\_\_\_\_  
Address **1300 E. 11th Ave** Date signed **7/24/42**

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

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17  
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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 *Welford M. Burnley*  
Licensed Embalmer No. *4202*  
P. O. Address *St. Louis Mo*

**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.**