

S. No. 2
M-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34742**

FILED NOV 6 1942
784

Registration District No. **100**

Registrar's No. **2229**

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

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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

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

(d) Street No. 9126 Madge
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Marshall A. Casper

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1942 hour 8 minute 30 A. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Nancy E. Casper

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

7. Birth date of deceased Sept. 17, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-5-142 to 4-15-42, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74	1	8	hr. min.
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Immediate cause of death Heart failure

Duration _____

9. Birthplace Ullen, Ill.
(City, town, or county) (State or foreign country)

Due to arteriosclerotic Heart Disease

10. Usual occupation Carpenter

Due to 930

11. Industry or business _____

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name John Casper

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Maud Harness

(b) Address 9106 Madge

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 10-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

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

(b) Address 7456 Manchester

19. (a) OCT 27 1942 (b) E. L. McCall
(Date received local health officer's certificate) (Registrar's signature)

(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 0

70 / (Licensed Emballer's Statement on Reverse Side)

23. Signature E. L. McCall (M. D. or other) _____

Address Brentwood Mo Date signed 10/27/42

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..... *H. E. 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, fact should be so stated above.