

FILED JAN 14 1943 818
 Registration District No.

Primary Registration District No. 1003

Registrar's No. 21

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 1380 Brawville Pl.
(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 St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (d) Street No. 1380 Brawville Pl.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Daniel M. Casey

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Jan day 2nd
 year 1943 hour 9:30 minute 17 P.M.

4. Sex Male 5. Color of race Wh 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Ecclia 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased July 5 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 6 1942 to Jan 2 1943
 that I last saw him alive on Dec. 24 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 5 Days 24 If less than one day hr. min.

Immediate cause of death Hemiplegia (Cerebral Hemorrhage - apoplexy)
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) JSD

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

10. Usual occupation Retired

Major findings: none
 Of operations.....
 Of autopsy no

11. Industry or business
 12. Name Patrick Casey
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret M. Kelly
 15. Birthplace England
(City, town, or county) (State or foreign country)

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?
 While at work?..... (Specify type of place)
 (e) Means of injury.....

16. (a) Informant Doug Casey
 (b) Address 6414 Lansdowne
 17. (a) Burial, cremation, or removal Burial (b) Date thereof 1-5-43
(Month) (Day) (Year)
 (c) Place: burial or cremation Cowary

23. Signature Wm J. Langford (M.D. or other)
 Address 823 Keymouth av Date signed Jan 2/43

18. (a) Signature of funeral director Chas J. Stuart
 (b) Address 1235 Union Blvd
 19. (a) Date received local registrar Jan 3 1943 (b) Registrar's signature J. J. Brebeck
(Date received local registrar) (Registrar's signature)

Duration 3 mo
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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 H Burnley
Licensed Embalmer No. 4202

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, fact should be so stated above.