

JUL 12 1943

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 99

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution:
1116 1/2 North Third St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1116 1/2 North Third St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Bessie Cassico

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1943 hour 40 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1936 to May 30, 1943
that I last saw h. or alive on May 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarct

Due to _____
Due to _____

Other conditions: Hypertension, arterio sclerosis, Diabetes
Major findings: _____
Of operations: _____

Of autopsy: 61

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 _____

23. Signature Vincent A. Schreiber (M.D. or other) MD
Address St. Charles, Mo. Date signed 6/2/43

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Edward Cassico 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased: June 21, 1881 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 9 _____ hr. _____ min.

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

10. Usual occupation: Housewife

11. Industry or business _____

12. Name: Powell, Bessie

13. Birthplace: Unknown - Virginia (City, town, or county) (State or foreign country)

14. Maiden name: Anna Tillman

15. Birthplace: Unknown - Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: John E. Cassico

(b) Address: 1116 1/2 North Third St. St. Charles, Mo.

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof: June 2, 1943 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: H.C. Dalleney & Sons

(b) Address: 801 N. Second, St. Charles, Mo.

19. (a) 5/31/43 (Date received local registrar) (b) Conat E. Paul (Registrar's signature)

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

MOTHER FATHER

1340

JUL 19 1948

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 John E. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles 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.