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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16232

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4556

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 92
(If outside city or town limits, write "RURAL")

(d) Street No. 6052 Wanda Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Edward Cassens

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July 25, 1865 (Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Venedy, Illinois 8
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Gerhardt Cassens
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzette Witte
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Witges
(b) Address 6052 Wanda Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Claire Mem. Park. Cem. Edgemont, Ill.

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa St.

19. (a) MAY 17 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1944 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 2nd, 1944, to May 15th, 1944 that I last saw him alive on May 15th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull, subarachnoid hemorrhage of brain when he fell from a crib bed while being hospitalization at City Hospital on Division #21 Duration

Due to about 11:00 pm May 5 1944

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186
Of autopsy 20

23

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 May 5 1944

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature Alfred G Perry (M. D. or other)

Address 1515 Dr. Coroner Date signed 5/15/44

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1944

Embalmer sep cert to be filed

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.