V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1945 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21762

Registration District No. _____ Primary Registration District No. 1005 Registrar's No. 6960

1. PLACE OF DEATH:

(a) County St Louis, Mo

(b) City or town _____ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri-Pacific Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 7-22-45 (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town New Haven 6 (If outside city or town limits, write "RURAL")

(d) Street No. NR. (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HOWARD HUNTER CASON

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Lillian Bell Cason

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

7. Birth date of deceased May (Month) 17 (Day) 1859 (Year)

8. AGE: Years 85 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Franklin County (City, town, or county) Missouri (State or foreign country) C

10. Usual occupation Retired railroad employee

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Miss Bertha Cason

(b) Address New Haven, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-45 (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Missouri

18. (a) Signature of funeral director L.P. Fertig & Son

(b) Address New Haven, Mo.

19. (a) AUG 7 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6th year 1945 hour 810 minute 52 P.M.

21. I hereby certify that I attended the deceased from July 22nd, 1945, to Aug 6th, 1945 that I last saw him alive on Aug 6th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death 1) Senility 2) Terminal gangrene of both feet

Due to generalized arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature John Crane (M. D. or other)

Address 1755 S. Grand St Louis Mo Date signed 8/6/45

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 R W Wilkinson

Licensed Embalmer No. 3575

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.