

FILED AUG 31 1945

1003

Registration District No.

Primary Registration District No.

Registrar's No. 6215

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day.
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois. (b) County 999
(c) City or town Assumption. 11
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kenneth Cazalet.

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased November 14, 1930.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>14</u>	<u>8</u>	<u>18</u>	<u>0</u> hr. <u>0</u> min.

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

10. Usual occupation St. Marys School.

11. Industry or business

12. Name Clyde Cazalet.

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

14. Maiden name Cordelia Rodier.

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

16. (a) Informant Mrs. Clyde Cazalet.

(b) Address Assumption, Ill.

17. (a) Removal. (b) Date thereof 8-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Assumption Ill.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) AUG 2 1945 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2nd.
year 1945 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Status Thymus Duration
Lymphatic system - Ethar, Arteries
spindle peridivision in capsule
of para-thymic gland as Barnes Hospital
on Aug 2, 1945

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

Major findings: Of operations 0
Of autopsy _____
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) _____
(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 Alfred Perry (M.D. or other)
Address Dep't of Health Date signed 8/2/45

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

1003

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.