S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1946

State File No. 10985

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2398

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: St. Johns 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days - 12 hrs. 33 mins. (Specify whether years, months or days)

In this community 2 days 12 hrs. 33 mins.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 46

(c) City or town St. Louis Co. Pattonville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 7 - Box 668A NR 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Kenneth Luke Casserly

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) - 27 (Day) - 46 (Year)

8. AGE: Years | Months | Days 2 | If less than one day 12 hr. 33 min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Luke Casserly
13. Birthplace Galway (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Theresa B. Daly
15. Birthplace Sligo (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Luke Casserly
(b) Address Pattonville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9221 Overland Overland Mo

19. (a) MAR 4 1946 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1946 hour 12 minute 03 A.M.

21. I hereby certify that I attended the deceased from February 27, 1946, to March 2, 1946; that I last saw h. alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital Heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. H. Lindeman (M. D. or other) M.D.

Address 4126 Shreve Date signed 3/2/46

(Licensed Embalmer's Statement on Reverse Side)

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

38897

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.....Al C Ostmann.....

Licensed Embalmer No.....3478.....

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.