. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 22 1948

Registration District No. 327

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6676

State File No. 11029

Registrar's No. 639

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7661 Florissant rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 months (Specify whether years, months or days)
In this community: 18 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Normandy
(If outside city or town limits, write "RURAL")
(d) Street No.: 7661 Florissant rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ADELIA CASEY
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Oscar
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: April (Month) 4 (Day) 1878 (Year)
8. AGE: Years 69 Months 11 Days 3 If less than one day hr. min.
9. Birthplace: Clinton (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: House work
11. Industry or business: at home
FATHER 12. Name: Martin Logan
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Mc Laughlin
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Doctor S. P. Casey
(b) Address: 7661 Florissant rd.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 3-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ransom Illnois
18. (a) Signature of funeral director: Callan - Kelly
(b) Address: 7267 Natural Bridge
19. (a) 3-8-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 7 year: 1948 hour: 1 minute: 52 P.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.

	Duration
Immediate cause of death: Bronchial pneumonia	4 days
Due to: Arteriosclerosis	1944
Due to: Myocarditis	1945
Due to: Arteriosclerosis	1938
Other conditions: none (Include pregnancy within 3 months of death)	

93 d

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause of 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? (Specify) Means of injury
23. Signature: M. D. Johnson (M. D. or other) M.D.
Address: Ferguson, Mo. Date signed: 3/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Mitchell Johnson
40 N. Florissant
1 P.M.

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.