S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37966

FILED NOV 24 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9833

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: 5026 N Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5026 N Kingshighway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William J. Cass, Sr.
3. (b) If veteran, name war
3. (c) Social Security No. 486-20-9742
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice O'Rourke Cass
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased December (Month) 5 (Day) 1877 (Year)
8. AGE: Years 70 Months 11 Days 6 If less than one day hr. min.
9. Birthplace Pittsburgh (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation Maintenance Man
11. Industry or business
FATHER
12. Name Wm. F. Cass
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Cummins
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Alice Cass
(b) Address 5026 N. Kingshighway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cem.
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.
19. (a) NOV 12 1948 (Date received local registrar) (b) J. B. Lancaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1948 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from Dec. 1st, 1947, to Nov. 11th, 1948, that I last saw him alive on Nov. 9th, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	Indefinite
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury
23. Signature C. Wilcox M.D. (M. D. or other) M.D.
Address 3228 Franklin ave. Date signed 11-12-48
St. Louis 9, Mo

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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. 4366

P. O. Address St. Louis, Mo.

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.