

FILED JUN 27 1949

STANDARD CERTIFICATE OF DEATH

State File No. **22061**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **7676** Registrar's No. **1273**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS	
d. FULL NAME OF HOSPITAL OR INSTITUTION: MT. ST. ROSE SANATORIUM		d. STREET ADDRESS (If rural, give location) 7745 a GISSLER	

3. NAME OF DECEASED (Type or Print) ANNE			a. (First)			b. (Middle)			c. (Last) CASEY			4. DATE OF DEATH JUNE 3, 1949 (Month) (Day) (Year)			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 9/26/1883			9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) SPRINGFIELD ILLINOIS				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME THOMAS CASEY			13b. MOTHER'S MAIDEN NAME MARY MURPHY			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME THOMAS CASEY 7745 a GISSLER				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Pulm. Tuberculosis						INTERVAL BETWEEN ONSET AND DEATH at least 6 mos.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						002X 136	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arthur C. Henke M.D. (Degree or title)		23b. ADDRESS 607 No. Grand		23c. DATE SIGNED 6/4/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/6/49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	
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DATE REC'D BY LOCAL REG. 6-6-49		REGISTRAR'S SIGNATURE Thurid C. L...		25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL		ADDRESS 1600 NATURAL BRIDGE AVE	
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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.....

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working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

[Handwritten Signature]
.....
Licensed Embalmer No. *4366*
P. O. Address *[Handwritten 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.