

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9794  
2650

State File No.

Registrar's No.

FILED MAR 29 1952

318

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129				
d. FULL NAME OF HOSPITAL OR INSTITUTION Gatesworth Hotel				d. STREET ADDRESS (If rural, give location) 12. 245 Union Bld'.						
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) FELIX c. (Last) CASSERLY			4. DATE OF DEATH (Month) (Day) (Year) 3 20 52			5. SEX 0 male			6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH July 29, 1880			9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min. 7 21	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) division sup't.			10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone Co			11. BIRTHPLACE (State or foreign country) Madison, Wisconsin.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James Casserly			13b. MOTHER'S MAIDEN NAME Mary Hallian			14. NAME OF HUSBAND OR WIFE Myrtle G. Casserly				
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. 286-05-1183			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle G. Casserly, 245 Union Bld'.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Carcinoma of Prostate</u> DUE TO (c) <u>Carcinoma of Bladder</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>16 mos</u> <u>2 years</u> <u>1 year</u>		
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177X</u>								
22. I hereby certify that I attended the deceased from <u>1950</u> , to <u>3-20</u> , 1952, that I last saw the deceased alive on <u>3-19</u> , 1952, and that death occurred at <u>12:10 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Byron Beere M.D.</u>				23b. ADDRESS <u>3720 Wash. Ave.</u>			23c. DATE SIGNED <u>3-20-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>3-21-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whitewater Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Whitewater, Wisconsin</u>				
DATE REC'D BY LOCAL REG. <u>MAR 20 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons-7233 Delmar Bld'.</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Melvin L. Stempfer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *403-2*

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.