

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11313**

XC-1 226 108  
Reg. # 99540  
**FILED MAR 19 1952**

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **213**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>ST. LOUIS</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PHELPS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. JAMES</b>	
c. LENGTH OF STAY (in this place) <b>3 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>SOLDIERS' HOME</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>ANDREW</b>		b. (Middle) <b>F.</b>	
c. (Last) <b>CASEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 24, 1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>11-25-80</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INSURANCE AGENT</b>	11. BIRTHPLACE (State or foreign country) <b>POTOSI, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>ANDREW F. CASEY</b>	
13b. MOTHER'S MAIDEN NAME <b>LIZZIE CRANE</b>		14. NAME OF HUSBAND OR WIFE <b>NEVER MARRIED</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WW-I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b> ADDRESS			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL ARTERIOSCLEROSIS</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIOSCLEROTIC HEART DISEASE</b>			
19a. DATE OF OPERATION	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?	
22. I hereby certify that I attended the deceased from <b>1-21-52</b> , 19 <b>52</b> , to <b>1-21-52</b> , and that death occurred at <b>9:00 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. A. ALLEN</b> (Degree or title) <b>R. A. ALLEN, M.D.</b>		23b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>	
23c. DATE SIGNED <b>1-25-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 29, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Jeff. Brks. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-25-52</b>	REGISTRAR'S SIGNATURE <b>Seibert R. Donke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b> ADDRESS <b>U. &amp; L. Co. 7824 S. Broadway</b>	

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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.....

*Louis C. Hoffund*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.