

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 2 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. 9929  
Registrar's No. 2713

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Herna (Pulley Hoop)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) Edgar		a. (First)		b. (Middle) Casey	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Mar 23 1954			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH 27 Feb 1917		9. AGE (In years last birthday) 37		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 4 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe maker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Co	
11. BIRTHPLACE (Give State or Foreign Country) Jeff. Missouri		12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Willie Casey		13b. MOTHER'S MAIDEN NAME Mary Jane Ransaw		14. NAME OF HUSBAND OR WIFE None	
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. 495-22 9069		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Casey 34 11 Lucas	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES DUE TO (b) Pulmonary Oedema Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Ether Anesthesia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lowel Obstruction			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR E954X	
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 9:54 a.m., from the causes and on the date stated above. 47					
23a. SIGNATURE Patrick C. Taylor, Registrar		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 27 Mar 54		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo		24e. FUNERAL DIRECTOR'S SIGNATURE Earl Smith		24f. ADDRESS Reliable Funeral Svs 4500 Newberry	

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

**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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Paul V Freeman

Licensed Embalmer No. 46

P. O. Address 4729

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.