

No. 300  
10. 48

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34642

State File No. 9215

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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 St. Louis TOWN		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 5927 Lotus Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS 4496 Maryland	21470

3. NAME OF DECEASED (Type or Print)		a. (First) Cornelius		b. (Middle) J.		c. (Last) Casey		4. DATE OF DEATH (Month) (Day) (Year)	
								Oct. 21, 1955	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 23, 1888		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager		10b. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Michael Casey		13b. MOTHER'S MAIDEN NAME Sophie Heitmann		14. NAME OF HUSBAND OR WIFE None	
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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) Yes WW I		16. SOCIAL SECURITY NO. 489-07-6832		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucy Corr, 5927 Lotus Ave.		ADDRESS	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease		MEDICAL CERTIFICATION (DISEASE) Coronary Disease		INTEGRAL BETWEEN ONSET AND DEATH 10-20-1955	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		Hypertension - Myocardial Degeneration			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Hypertension, Myocardial Degeneration and decompensation					
		II. OTHER SIGNIFICANT CONDITIONS (c) Hypertrophy of the liver					
		Conditions contributing to the death but not related to the disease or condition causing death.				420.1	

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)		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 10-20-1955, to 10-21-55, 1955, that I last saw the deceased alive on 10-20, 1955, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE C. G. Drumm (Degree or title?)		23b. ADDRESS 1927 1/2 1927a Union		23c. DATE SIGNED 10-21-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-24-55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. OCT 22 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D. (Licensed Embalmer's Statement on Reverse Side)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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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, ~~by~~ ....., Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edward P. Remelius* .....

Licensed Embalmer No. *428*

P. O. Address *St. Louis* .....

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.