

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6277

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1437

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1437	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN Affton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital				e. STREET ADDRESS (If rural, give location) 8620 Mathilda			
3. NAME OF DECEASED (Type or Print)		a. (First) George		b. (Middle) R		c. (Last) Cassidy	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1956		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May 16, 1902		9. AGE (In years last birthday) 53		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) Sales supervisor		10b. KIND OF BUSINESS OR INDUSTRY National Gypsum		11. BIRTHPLACE (City and State or Foreign Country) Co. Mason City Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richard Cassidy		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Edith Cassidy			
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. 494-10-8938		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Cassidy 8620 Mathilda			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure Arteriosclerotic heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease. Hypertensive heart disease. DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		443x	
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) _____		21f. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED _____		22. I hereby certify that I attended the deceased from Feb. 6, 1956 , to Feb. 8, 1956 , that I last saw the deceased alive on Feb. 8, 1956 , and that death occurred at 10:30A m., from the causes and on the date stated above.			
23a. SIGNATURE D. Hoffmann		(Degree or title) M.D.		23b. ADDRESS 16 Hampton Village Plaza		DATE SIGNED 2/9/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/11/56		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County Mo	
DATE REC'D BY LOCAL REG. FEB 10 1956		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

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 *G. F. Kidwell*.....
Licensed Embalmer No. *3877*

P. O. Address *7027 Grand*.....

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.