

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023195
STATE FILE NUMBER

FILED JUN 27 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6257

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|--|--|---|--|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1908 Mitchell Tr. | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 1908 Mitchell Tr. |
| 0/ | | 20 | 490 |
| Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

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|---|---------------------------|---|--|---------------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last CHARLES A. CASAGRANDE | | | 4. DATE OF DEATH Month Day Year June 17 1958 | | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sep. 22, 1924 | 9. AGE (In years last birthday) 33 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner-Maplewood | | 10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal Co. | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Peter Casagrande | | 13b. MOTHER'S MAIDEN NAME Anna McKenzie | | 14. NAME OF HUSBAND OR WIFE Dorothy Casagrande | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give date or dates of service) Yes World War 2 | | 16. SOCIAL SECURITY NO. 486-22-7027 | | 17. INFORMANT Dorothy Casagrande Address 1908 Mitchell Tr. | |

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|--|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>hypers Erythematosis</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>12 yr.</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>disminafis - 456x</i> DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | | |
|---|--|--|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21. I attended the deceased from Death occurred at <i>1/20/35</i> to <i>6/17/58</i> and last saw ^{her} him alive on <i>6/16/38</i> <i>6:30 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 22a. SIGNATURE <i>John Mitchell MD</i> (Degree or title) | | 22b. ADDRESS <i>2816 Sutton</i> | |
| 22c. DATE SIGNED <i>6/19/58</i> | | | |

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|--|--|----------------------------|--|---|--|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE June 20, 1958 | | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. | |
| 24. FUNERAL DIRECTOR Kriegshauser 4228 S.Kingshighway | | | | 25. DATE RECD. BY SOCIAL REG. JUN 19 58 | | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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 *Richard W. Stoverson*

Licensed Embalmer No. *4007*

P. O. Address.....

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.