

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3745
 Do not use this space.

REC'D FEB 27 1939

1. PLACE OF DEATH
 (a) County St. Genevieve Registration District No. 780
 (b) Township St. Genevieve Primary Registration District No. 6025 Registered No. 2
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JULIUS DEFANI
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>61</u>	<u>10</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Mary's Missouri

FATHER
 13. NAME Bernard Defani
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Mary Bedford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Co. Missouri

17. INFORMANT (NAME) (ADDRESS) Miss J. M. Hudson 5535 Cates Ave St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Mo DATE Jan 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo L. Bacher St. Genevieve Mo

20. FILED Jan 16 1939 T. W. Douglas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 1939

22. I HEREBY CERTIFY That I attended deceased from Jan. 10 1939, to Jan. 15 1939. I last saw him alive on Jan. 15 1939. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach

Date of onset 2

Other contributory causes of importance:
None

Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Dr. J. M. Hudson, M. D.
 (Address) St. Genevieve Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Lea C. Basher

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Lea C. Basher

Licensed Embalmer No. *1985*

P. O. Address *St. Genevieve Mo*

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, above space should be left blank.