

Registration District No. 791
1003

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County _____
- (b) City or town St. Louis MO.
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 3 Days.
(Specify whether _____)
- In this community _____
years, months or days

3. (a) PRINT FULL NAME John Thomas Demierre 56'

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 16 1939
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days 3 If less than one day hr. _____ min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name John Demierre13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)14. Maiden name Mary Nikodem15. Birthplace St. Louis
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John Demierre(b) Address 2859 Ohio Ave.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19/39
(Month) (Day) (Year)(c) Place: burial or cremation S.S. Peter & Paul18. (a) Signature of funeral director Thos. Bluntis(b) Address 2906 Gravois Ave.19. (a) OCT 19 1939 (Date received local registrar) (b) J. T. Brubaker (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town St. Louis. 24
(If outside city or town limits, write "RURAL")
- (d) Street No. 2859 Ohio Ave.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 19 day _____
year 1939 hour 5 minute 20 A M.21. I hereby certify that I attended the deceased from Oct 16
_____, 1939, to Oct 19, 1939
that I last saw him alive on Oct 18, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Peritonitis Duration 2 daysDue to Extrication of small intestine necessitating resection & re-Due to placement into the abdomen
Congenital malformation

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Peritonitis 157 &

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. J. Demierre (M. D. or other) _____Address 3804/1 Wilmington Ave Date signed 10/19

Temp Embalmed C.F.

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

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.