S. No. 2
-11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Tanner 12491

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 579

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 3/18/40. (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3030 Semple Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 165 Dominick DeFrench

3. (b) If veteran, name war World War

3. (c) Social Security No. -

4. Sex Male

5. Color or race 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 May 21, 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country)

10. Usual occupation Pipe Fitter.

11. Industry or business -

FATHER
12. Name Unknown
13. Birthplace Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk
(b) Address VAF, Jefferson Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Mar. 25-1940 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 Natural Bridge Rd.

19. (a) MAR 24 1940 (Date received for registrar) (b) A. R. Merz M.D. Dr. PH (Registrar's signature) MS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd year 1940 hour 9:30 minute p.M.

21. I hereby certify that I attended the deceased from March 18, 1940, 19, to March 22, 1940 that I last saw him alive on March 22, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Arteriosclerosis with Subarachnoid hemorrhage.	Mar. 18, 1940.
~~Due to~~	
~~Due to~~ Bronchial pneumonia, extensive.	
Other conditions - (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy See cause of death.	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C.W. HUGHES, M.D. (M. D. or other)
Chief Medical Officer,
Address VAF, Jefferson Bks., Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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