

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2311 Cass Ave.  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 Years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis. 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2311 Cass Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th  
year 1940 hour 8.30 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 5/9/40  
\_\_\_\_\_, 19\_\_\_\_, to 5/11/40, 19\_\_\_\_;  
that I last saw him alive on 5/11/40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_

8. (a) PRINT FULL NAME Dominic Cantine. 535  
8. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
8. (c) Social Security No. Unknown.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife Elizabeth Cantine. 6. (c) Age of husband or wife if alive 68. years  
7. Birth date of deceased July 15 1854.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 9 26 hr. \_\_\_\_\_ min.

9. Birthplace Switzerland.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Shipping Clerk. 4

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Unknown. 9  
13. Birthplace Unknown.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown.  
15. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Cantine  
(b) Address 2311 Cass Ave.  
17. (a) Burial (b) Date thereof 5-15-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Behalto, Illinois.

18. (a) Signature of funeral director H. Leidner and Co.  
(b) Address 1417 N. Market St.  
19. (a) MAY 14 1940 (b) J. P. Brudick  
(Date received local Registrar) (Registrar's signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Senility  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_ M. D.  
23. Signature R. M. O'Leary (M. D. or other) \_\_\_\_\_  
Address 4356 Warne Avenue Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Mc Elvain  
11-1 P.M.

**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 Walter L. Pender

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Av

**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.**