

791

Registration District No. _____

Primary Registration District No. **1003**

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: City Infirmery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo., 1 day
(Specify whether _____)
In this community 56 years
(years, months or days)

3. (a) PRINT FULL NAME Joseph Domachowski

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

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

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

7. Birth date of deceased Feb. 27 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name John Domachowski

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Justina Ostrouski

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Bullman
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 12/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director R. N. The Karaglin
(b) Address 2301 Lafayette Ave

19. (a) DEC 17 1940 (b) J. H. Bullman
(Date received local registrar) (Registrar's signature)

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. 5800 Arsenal 13
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1940 hour 6:00 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 14, 1940 to Dec. 15, 1940,
that I last saw him alive on Dec. 15, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Uremia
Syphilis -
Proctitis & regurgitation

Due to _____
Due to SH
Other conditions _____
(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 1

23. Signature H. R. Bierman, M.D. (M. D. or other) _____
Address _____ Date signed _____

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

6838 Lendale
Jungman Inc.

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 L. R. Cooper

Licensed Embalmer No. 2623

P. O. Address 2317 Lafayette

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.