

4-13-40
-17-39
X23159

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: DePaul Hospital
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULLNAME STEVE DOMLIJAN

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

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

6. (b) Name of husband or wife Ursula 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased October 18, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 4 hr. min.

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

10. Usual occupation Florist

11. Industry or business 7

12. Name John Domijan. **7**

13. Birthplace Croatia **7**
(City, town, or county) (State or foreign country)

14. Maiden name Mary ?

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

16. (a) Informant Ursula Domijan

(b) Address 6432 Dale Ave.

17. (a) Burial (b) Date thereof Dec. 26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John C. Mayhew

(b) Address 1926 Allen Ave.

19. (a) DEC 24 1940 (b) J. F. Bredekamp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis **4**
(If outside city or town limits, write "RURAL")

(d) Street No. 6432 Dale Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd
year 1940 hour 10:15 minute 1 M.

21. I hereby certify that I attended the deceased from Dec 17 to Dec 22
1940 to Dec 22 1940
that I last saw him alive on Dec 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 days

Other conditions Gastric hemorrhage 12/17-19/19
(Include pregnancy within 6 months of death) Gastric ulcer

Major findings: Of operations _____

Of autopsy _____

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) Manner of injury _____

23. Signature John G. McJurey (M. D. or other) **MD**

Address 5014 Sheila Dr Date signed 12/23/40

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

MOTHER FATHER

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 Benj. C. Dunham

Licensed Embalmer No. 2294

P. O. Address 1926 Allen

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, fact should be so stated above.