

S. No. 2
1-14-41
5-7-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12773**
Registrar's No. **3203**

Registration District No. **191**

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:
JOSEPHINE HOSPITAL-1640 S. GRAND
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 DAY**
(Specify whether
In this community **35 YEARS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **040**
(c) City or town **ST. LOUIS MISSOURI**
(If outside city or town limits, write "RURAL") **199**
(d) Street No. **3947 WASHINGTON BLVD.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **DOMINICK CEMIN**

3. (b) If veteran, name war..... 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 **FRANCES CEMIN** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **APRIL 30, 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 11 11 hr. min.

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

10. Usual occupation **BUILDING LABORER**

11. Industry or business.....

MOTHER FATHER { 12. Name **JAMES CEMIN**

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

14. Maiden name **ROMINA UNKNOWN**

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

16. (a) Informant **THOMAS CEMIN**

(b) Address **3947 WASHINGTON BLVD.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **4-14-41**
(Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **APR 14 1941** (Date received local registrar) (b) **F. Budeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **11**,
year **1941** hour **2** minute **45** M.

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

Immediate cause of death
Arteriosclerosis
Chronic Myocarditis

Other conditions
(Include pregnancy within 3 months of death)
92a

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)
Means of injury.....
23. Signature **Albert Perry** (M. D. or other) **3**
Address **St. Louis** Date signed **4/14/41**

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

Witnessed by [Signature]

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell Bl

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.