

No. 2
1-4-41
5-17-39
PI X26390
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17

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 205

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-5-41 to 1-6-42
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 753 1/2 Forsythe
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James J. De Martini

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

4. Sex M 5. Color or race W 6. (e) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose De Martini 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 12 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 24 If less than one day _____ hr _____ min.

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

10. Usual occupation Real Estate Business

11. Industry or business _____

12. Name Unknown

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 Rose De Martini

(b) Address 753 1/2 Forsythe

17. (a) Burial (b) Date thereof 1-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Washington Ave

19. (a) J. F. Brodeck (b) _____
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day sixth
year 1942 hour five minute 40 P.M.

21. I hereby certify that I attended the deceased from December sixth, 1941, to January 6, 1942
that I last saw him alive on January 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive heart failure

Due to: Coronary arteriosclerosis
Atherosclerosis of aorta

Due to: _____

Other conditions: Arterial ulcer; aneurysm of abdominal aorta; prostatic hypertrophy
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: Confirmed diagnosis given above.

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) (a) Means of injury _____
23. Signature J. F. Brodeck (M. D. or other) _____
Address Firmin Desloge Hosp Date signed _____

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

MOTHER FATHER

Brown

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..... *H. E. Burgess*

Licensed Embalmer No. *4029*

P. O. Address..... *Maplewood*

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.