

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
3713 Palm St /
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME William Fred Domermuth
3. (b) If veteran, name war.....
3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... Elenora Domermuth 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Nov. 16th. 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 1 21 hr. min.

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

10. Usual occupation..... Unemployed Barber

11. Industry or business.....
12. Name..... Nicholas Domermuth
13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Mollie Kine
15. Birthplace..... Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant..... Elenora Domermuth
(b) Address..... 3713 Palm St.

17. (a) Burial (b) Date thereof 1-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters Cemetery

18. (a) Signature of funeral director..... Provost Und. Co.
(b) Address..... 3710 N. Grand Blvd.

19. (a) J. J. Prueck (b) J. J. Prueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No. 3713 Palm St.
(e) Citizen of foreign country?.....
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 7th.
year 1943 hour 12005 minute p M.
21. I hereby certify that I attended the deceased from Dec 1st
1942 to Jan 7, 1943
that I last saw him alive on Dec 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Endocarditis
Due to.....
Due to.....
Other conditions.....
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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?.....
23. Signature D. A. Thomson (M. D. or other).....
Address 312 N. Grand St. Date signed Jan 8.

D.A. Johnson
3/21/77 Grand
10-12

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.....Me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*A. A. Smietens*.....

Licensed Embalmer No. 3916.....

P. O. Address 3710 N. Grand 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.