

FILED SEP 18 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7784**

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:
Park Lane Memorial Hospital
(d) Length of stay: In hospital or institution 10 Days
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Affton
(d) Street No. 7116 Stafford Ct.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Joseph Domian

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 Therssa Domian
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased July 26 1886

8. AGE: Years 58 Months 1 Days 10
If less than one day hr. min.

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

10. Usual occupation Stone Mason

11. Industry or business.....
12. Name Joseph Domian
13. Birthplace Jugo Slavia
14. Maiden name Anna Unknown
15. Birthplace Jugo Slavia

16. (a) Informant Therssa Domian
(b) Address 7116 Stafford Ct. (Affton)

17. (a) Burial (b) Date thereof 9-9-44
(c) Place: burial or cremation N. S. S. Peter & Paul

18. (a) Signature of funeral director John S. Ziegenhein & Sons
(b) Address 7020 Gravois Ave.

19. (a) SEP 9 1944 (b) J. H. Gudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6th
year 1944 hour 6:50 minute P M.

21. I hereby certify that I attended the deceased from Aug. 15 to Sept. 6
that I last saw him alive on Sept 6 and that death occurred on the date and hour stated above.

Immediate cause of death Neurosarcoma - Carcinoma - (in genital region)
Due to Neurosarcoma
Other conditions Neurosarcoma

Major findings: Of operations 55
Of autopsy.....
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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place) While at work? (c) Means of injury.....

23. Signature J. H. Gudek (M. D. or other) SEP 11 1944
Address 4503 Washington Date signed SEP 11 1944

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..... *E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address: *7027 Gravois*

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.