. S. No. 2
0M—2-43
v. 5-17-39
P I X35697

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

#26285

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39659

Registrar's No. 10795

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo

(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")

(d) Street No. 10 SOUTH 4TH 25 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Joe Narmandin

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife AMANDA

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JUNE (Month) - 28 (Day) - 1882 (Year)

8. AGE: Years 62 | Months 5 | Days 11 | If less than one day hr. min.

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

10. Usual occupation PEDLER

11. Industry or business

FATHER
12. Name FRANCIS NARMANDIN
13. Birthplace (City, town, or county) CANADA (State or foreign country)

MOTHER
14. Maiden name JOSEPHINE ASSE
15. Birthplace (City, town, or county) CANADA (State or foreign country)

16. (a) Informant Ruth Joyce
(b) Address 2331 Mullanfy Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 4386 Lindell Blvd

19. (a) DEC 19 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1944 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from 11/10/44, 19 to Dec. 9th 1944
that I last saw him alive on Dec. 9th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Bronchial Asthma

Due to

Other conditions (Include pregnancy within 3 months of death) 16

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas. J. Wade (M. D. or other)

Address 1515 Lafayette Date signed 12/11/44

(Licensed Embalmer's Statement on Reverse Side)

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 James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.