

FILED JAN 11 1946
STANDARD CERTIFICATE OF DEATH
Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1424 Hadley St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph William Cease
3. (b) If veteran, name war None
3. (c) Social Security No. 490-03-8692

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara M. Cease nee Zorumski
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased April 15, 1883
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 11
If less than one day hr. _____ min. _____

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

10. Usual occupation Machinist

11. Industry or business _____

MOTHER FATHER

12. Name William Washington Cease
13. Birthplace Mason City Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Carrie L. Kennedy
15. Birthplace Cole Camp Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara M. Cease
(b) Address 1424 Hadley St.

17. (a) Burial (b) Date thereof 12/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 27 1945 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 2579
(If outside city or town limits, write "RURAL")
(d) Street No. 1424 Hadley St. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26,
year 1945 hour 7:10 A.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from Dec 4 1945 to Dec 26 1945
that I last saw him alive on Dec 26 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration _____

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. J. [unclear] (M. D. or other) MD
Address 2807 M. [unclear] Date signed 12/27/45

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, *Gustav W. Dietrich*.....

Licensed Embalmer No. *14329*.....

P. O. Address. *St. Louis, Mo.*.....

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.