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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947
318

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

18676
State File No.
5268
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Bro. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Bro. Pacificus Camilleri
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 15, 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 7 11 hr. _____ min.

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

10. Usual occupation Religious

11. Industry or business _____

MOTHER FATHER
12. Name Don't Know
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address 3933 S. Broadway

17. (a) Burial (b) Date thereof 5-29-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) MAY 27 1947 (b) J. J. Prudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
24 (If outside city or town limits, write "RURAL")
(d) Street No. 3933 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26
year 1947 hour 3:30 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1945 to May 26, 1947
that I last saw Jim alive on May 26, 1947
and that death occurred on the date and hour stated above:

Immediate cause of death: Bacterial Endocarditis
Due to: St. Pharyngitis
Endocarditis

Other conditions: Ch. of coronary arteries
(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? _____

23. Signature [Signature] M. D. or other _____
Address 607 W. Grand Date signed [Signature]

C.P. Burby
University Club Bldg

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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.....

James R. Dunn....., Registered Apprentice No. 403
working under my personal supervision.

Signed *Wm. A. Rowant*.....

Licensed Embalmer No. 3722

P. O. Address. 2201 S. 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.