

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26284

318

1003

State File No.

Registrar's No. 6372

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No. 6372					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (in this place) 20 yrs			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2019				
d. FULL NAME OF HOSPITAL OR INSTITUTION 8115 Water St.				d. STREET ADDRESS (If rural, give location) 8115 Water St.						0			
3. NAME OF DECEASED (Type or Print) a. (First) Dominica			b. (Middle) -----			c. (Last) St. Julian			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1952				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Nov. 11, 1877		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 HR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY -----				11. BIRTHPLACE (State or foreign country) Italy 5'			12. CITIZEN OF WHAT COUNTRY? -----		
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Dominic					
15. WAS DECEASED OVERSEAS OR IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war, dates of service) no none				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emil St. Julian 8115 Water St. St. Louis, Mo.							
18. CAUSE OF DEATH Enter only one on each line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxiation, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Exhaustion ANTECEDENT CAUSES (b) Arteriosclerosis DUE TO (b) ----- DUE TO (c) ----- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 12 hrs 10 yrs	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500F									
22. I hereby certify that I attended the deceased from Jan 4, 1952 , to June 30, 1952 , that I last saw the deceased alive on June 30, 1952 , and that death occurred at 11.30 Pm. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Michael L. Bartnick M.D.				23b. ADDRESS 7629 So. Broadway				23c. DATE SIGNED 7/11/52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE July 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.		24d. LOCATION (City, town, or county) (State) 3700 Mt. Olive Rd Lemay, Mo.							
DATE REC'D BY LOCAL REG. III 2 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway							

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Linus C. Hoffmann

Signed.....

Student Embalmer

Licensed Embalmer No.

P. O. Address 781 S. Broad

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.