R 20 1939 REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16201
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis
(b) Township or City Carondelet
(c) ~~Jefferson Barracks~~
Registration District No. 784
Primary Registration District No. 200
Registered No. 706
(d) Street No. Veterans Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. 11 mos. Unkn. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter W. Domagalla
(a) Residence, No. 1974 East Warne Avenue St. Saint Louis, Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ella Domagalla
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 29, 1891
7. AGE: Years 47 Months 3 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance work
9. Industry or business in which work was done, as saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) -
11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri.

FATHER
13. NAME Anthony Domagalla
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Germany

MOTHER
15. MAIDEN NAME Margaret Pysora
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Germany

17. INFORMANT (ADDRESS) Clinical Clerk VAF., Jefferson Barracks, Missouri.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 22, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Stock Und. Co 2117 E. Grand Blvd.
20. FILED APR 20 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939, to April 19, 1939
I last saw him alive on April 19, 1939. Death is said to have occurred on the date stated above, at 1:37 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right cheek with involvement of the cervical glands and soft structures of the mouth and throat; origin right cheek.	About June of 1938

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and lab. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF., Jefferson Barracks, Mo.

(License Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.