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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

DEPT OCT 14 1939 791

Registration District No. 1003

Primary Registration District No.

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hours
(Specify whether years, months or days)
In this community 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2730a Miami St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William J. DeMiere 51.0

3. (b) If veteran, name war no 3. (c) Social Security No. 792-09-0725

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased April 15, 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Car Repairer

11. Industry or business A. R. T. Co

12. Name William DeMiere

18. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lavina Smith
(City, town, or county) (State or foreign country)

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ferna DeMiere
(b) Address 2730a Miami St

17. (a) Burial (b) Date thereof 9/19/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo

18. (a) Signature of funeral director R. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) SEP 19 1939 (b) _____
(Date received local registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1939 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull; suffered in fall from third floor window at his home 2730a Miami Street, to concrete areaway, about 2:15 A.M. on September 16th, 1939.

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) Accident
(b) Date of occurrence September 16th, 1939
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

While at work _____ (Specify type of place)
_____ (Specify type of place)

23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 9/19/39

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

REV. 5-17-39
C-1 X1931

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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, above space should be left blank.