

JAN 12 1940

Registration District No. 1003

Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County _____
(b) City or town ST. LOUIS
(c) Name of hospital or institution: ALEXIAN BROTHERS HOSPITAL
(d) Length of stay: In hospital or institution 8 DA.
In this community _____
years, months or days

3. (a) PRINT FULL NAME JERRY DEMEY SR
8. (b) If veteran, name war NO 8. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased FEB. 2 1863
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace 1 BELGUM
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER RETIRED

11. Industry or business ZINK WORKS

12. Name HENRY DEMEY

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

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature Henry Demy
(b) Address 1201 Remy

17. (a) BURIAL (b) Date thereof 12/30/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COLLINSVILLE, ILL.
18. (a) Signature of funeral director Wm. F. Dendler
(b) Address 7128 Michigan, and
19. (a) EC 20 1939 (b) J.D. [Signature]
(Disseminated local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST LOUIS
(c) City or town ACTON NR
(d) Street No. 9312 RAMBLER DR.
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC. day 28
year 1939 hour 7:05 minute AM

21. I hereby certify that I attended the deceased from Jan 8 1938 to DEC 27 1939
that I last saw him alive on DEC 27 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Apoplexy)
Due to _____

Due to arteriosclerosis
Other conditions Senility
(Include pregnancy within 5 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (Means of injury)

23. Signature [Signature] (M. D. or other) MD
Address 7002 Remy Date signed 1/12/40

Duration 10 day?
Physician Cham
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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 *J. P. Funderberg*
Licensed Embalmer No. 925
P. O. Address ST LOUIS.

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.