

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

3382

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:
4417 So. Grand Blvd. 2
 (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 JOSEPH F. CADEMATORI 353

8. (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 December 31 1854
(Month) (Day) (Year)8. AGE: Years 85 85 Months 3 Days 13 If less than one day _____ hr. _____ min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Shipping Clerk11. Industry or business Retired 33 yrs.

MOTHER FATHER
 { 12. Name Domonic Cadematori
 13. Birthplace Italy 7
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Dont know.
 15. Birthplace Dont know.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theresa Dold
(b) Address 4417 So. Grand Blvd.17. (a) Burial (b) Date thereof Apr. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director J. H. Beckstead & Co.
(b) Address 2842 Meramec St.19. (a) APR 14 1940
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 15
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4417 So. Grand Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1940 hour 8 15 minute A. 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 _____

Duration _____

Due to Senile DebilityDue to Chronic PleurisyOther 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) _____
 (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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph M. Beckstead (M. D. or other) _____
Address Deputy Registrar

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 ME

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Lawson E. Perry

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address _____

St. Louis, Mo.

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.