No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 1872

Registrar's No. 102

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 da. In this community: Life- 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 628 Powell St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Carl F. Domini

3. (b) If veteran, name war: none

3. (c) Social Security No. 497-14-0745

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: Dec 17, 1916 (Month) (Day) (Year)

8. AGE: Years: 24 Months: 1 Days: 6 If less than one day: ..... hr. ..... min.

9. Birthplace: St. Joseph, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Bartender

11. Industry or business: Domini's Tavern

FATHER
12. Name: Adolph Domini
13. Birthplace: Italy (City, town, or county) Pucci (State or foreign country)

MOTHER
14. Maiden name: St. Joseph, Mo.
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Mother-Mrs Mary Domini
(b) Address: 628 Powell, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Tracy Barry Funeral
(b) Address: 218 South 10th St, St. Joseph

19. (a) 1/27/41 (Date received local registrar) (b) N. J. Mestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 23 year: 1941 hour: 4 minute: 35 A.M.

21. I hereby certify that I attended the deceased from Jan 19, 1941, to Jan 23, 1941; that I last saw him alive on Jan 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: (1) Perforated appendix with abscess
Due to: (2) Acute nephritis
(3) Peritonitis
Due to: (4) Septic myocarditis with myocardial failure, acute.

Duration: ? ; 2 days

Other conditions (Include pregnancy within 3 months of death): (5) Obesity

Major findings: Of operations: Perforated appendix with abscess and peritonitis
Of autopsy: None done

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? (Specify type of place)
(e) Means of injury

23. Signature: Wm. B. Pat M.D. (M. D. or other)
Address: Kirkpatrick Bldg Date signed: 1-25-41

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Myers

Licensed Embalmer No. 3220

P. O. Address St. Joseph, Mo

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

If this body is not embalmed, fact should be so stated above.