

No. 2  
4-13-40  
-17-39  
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8687**  
Registrar's No. **2097**

Registration District No. **7911** Primary Registration District No. **1003**

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: **St. Anthony's Hospital**  
(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 **Joan Lee Cicerich**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **no**

4. Sex **F<sup>m</sup> female** 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 **February 17 1941**  
(Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **19** If less than one day **---** hr. **---** min.

9. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business.....

12. Name **John Cicerich**

13. Birthplace **Dalmatia** (City, town, or county) (State or foreign country)

14. Maiden name **Frances Raines**

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

16. (a) Informant **John Cicerich**

(b) Address **910 Goodfellow**

17. (a) **Burial** (b) Date thereof **Mar. 6-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS Peter & Paul**

18. (a) Signature of funeral director **Wm. C. Maydeell**  
(b) Address **1926 Allen Ave.**

19. (a) **MAR 5 1941** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **090**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **517**  
(d) Street No. **910 Goodfellow** (If rural, give location) **9**  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5th**  
year **1941** hour **---** minute **---** M.

21. I hereby certify that I attended the deceased from **2/17** 19**41** to **3/5** 19**41**

that I last saw h. **---** alive on **---** 19**---** and that death occurred on the date and hour stated above.

Immediate cause of death **congenital cardiac defect, interventricular deficiency.** **congenital**

Due to..... **157 C**

Other conditions **Prematurity (Born at 6 mo. 3 weeks gestation)**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration **congenital**  
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) **no**  
(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 **0**

23. Signature **Wm. J. G. ...** (M. D. or other) **---**  
Address **3804 Wilmington** Date signed **3/5/41**

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

MOTHER FATHER

**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 *Benj. C. Duncan* .....

Licensed Embalmer No. *2272* .....

P. O. Address *1926 Allen* .....

**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, fact should be so stated above.**