

No. 2  
4-13-40  
5-17-39  
PI X23159

FILED JUN 27 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16739

State File No.

4257

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County. St. Louis  
(b) City or town. St. Louis  
(c) Name of hospital or institution: 5351 Bartmer  
(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 Francis De Mian

3. (b) If veteran, name war. no 3. (c) Social Security No. 794-01-2717

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 November 27 1907  
(Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Calumet Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant

11. Industry or business Pettus Investment Co.

12. Name George De Mian

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

14. Maiden name Katherine Swadick

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

16. (a) Informant Mrs. Katherine De Mian

(b) Address 5351 Bartmer

17. (a) Burial (b) Date thereof 5-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) MAY 21 1941 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5351 Bartmer  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1941 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from 7-10-3 1941 to May 19 1941 that I last saw her alive on May 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Bas. Tubercle

Other conditions Tubercular Sepsis  
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None

Duration  
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) While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature Robert J. Farrell (M. D. or other) (M.D.)  
Address 424 M. Union Date signed 5/21/41

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

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**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.....

Licensed Embalmer No..... 3653

P. O. Address..... Shaws me

**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.