DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36733

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8963

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:
4025 Camelia Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4025 Camelia Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph J. Schimana

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. 492-09-682

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sadie B. Schimana

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. (Month) 5th. (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
66	2	6	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Unemployed

FATHER
12. Name ? Schimana
13. Birthplace (City, town, or county) Bohemia (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) Bohemia (State or foreign country)

16. (a) Informant's own signature Sadie Schimana
(b) Address 4025 Camelia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 E. Grand Blvd.

19. (a) NOV 13 1941 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th. year 1941 hour 12.30 minute A. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him alive on 11/8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	5½ months
Due to	
Due to	
Other 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) no
(b) Date of occurrence
(c) Where did injury occur? no (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? (e) Means of injury

23. Signature Wilbur J. Hoke M.D. (M. D. or other)
Address 4278 National Bridge Date signed 11/12/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

REV. 8-17-39
I X10511

W.J. Hafic
4278 N. B
No 4158

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 A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.