

FILED NOV 29 1943 318

Registration District No.

Primary Registration District No. **1000**

Registrar's No. **10048**

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5318a St Louis Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 1 years, months or days)

3. (a) PRINT FULL NAME Fred Domermuth

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Gussie Kollwitz Domermuth 6. (c) Age of husband or wife if alive. 65 years

7. Birth date of deceased February 26 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 8 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Maintenance Man Retired 1940

11. Industry or business United Drug Co

MOTHER FATHER { 12. Name Nickolas Domermuth  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Amalia Kein  
15. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Gussie Domermuth  
(b) Address 5318a St Louis

17. (a) Burial (b) Date thereof Nov 17 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Reiderwieden Funeral Home Inc

(b) Address 1936 St Louis Ave

19. (a) NOV 17 1943 (b) J. F. Beiderwieden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6  
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 5318a St Louis Ave (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 14  
year 1943 hour 3:05 P minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov. 9 1943 to Nov. 14 1943  
that I last saw him alive on Nov. 13 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8/8

Of autopsy \_\_\_\_\_

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?

23. Signature A. Samuel Way (M. D. or other) no  
Address 2916 N. Huron Date signed 11/15/43

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..... *Delbert J. Krispin* .....

Licensed Embalmer No. *3497* .....

P. O. Address *1936 St Louis* .....

**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.**