

FILED DE 18 1945

Primary Registration District No. 1003

20
17
9
11

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

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:
Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 41 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Franklin

(c) City or town Royalton
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Daniele

3. (b) If veteran, name war Nil

3. (c) Social Security No. 346-07-2319

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased June 9 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29
year 1945 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10-19
1945 to 11-29 1945
that I last saw him alive on 11-29 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>20</u>	_____ hr. _____ min.

Immediate cause of death Carcinoma of Esophagus

Due to gas

Due to _____

Other conditions HO
(Include pregnancy within 3 months of death)

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

10. Usual occupation Miner

11. Industry or business Coal Mine

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Domineck Daniele

(b) Address Royalton, Ill.

17. (a) Removal (b) Date thereof 11-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Royalton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 30 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J.P. Bradley (M. D. or other)
Address Barnes Hospital Date signed 11-29-45

911
11
NR
2

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Henry M. Brammer

Licensed Embalmer No..... *1200*

P. O. Address.....

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.