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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3076

State File No. 38921

Registrar's No. 2645

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

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Webster Groves.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
61 Chestnut St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 91

(c) City or town Webster Groves, 19.
(If outside city or town limits, write "RURAL")

(d) Street No. 61 Chestnut St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME CHARLES H. DOMRESE

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

4. Sex m D 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Smith Domrese 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August (Month) 28 (Day) 1874 (Year)

8. AGE: Years 72 Months 2 Days 14 If less than one day ____ hr. ____ min.

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

10. Usual occupation Clerk Retired

11. Industry or business Grocery

FATHER
12. Name Karl William Domrese
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Fredericka June
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant ____
(b) Address 61 Chestnut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. (Month) (Day) 1948 (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Mittelberg Fun'l Home
(b) Address Webster Groves, 19, Mo.

19. (a) 11-15-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1948 hour 12 minute 01 a. M.

21. I hereby certify that I attended the deceased from November 5, 1943, to November 12, 1948; that I last saw him alive on November 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Heart Disease
Duration: hours
Due to Arteriosclerotic Heart disease
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) ____
(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? ____ (e) Means of injury ____

23. Signature [signature] Address 204 E Big Bend Date signed 11-14-48

(Licensed Embalmer's Statement on Reverse Side)

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 Vaul M Swanson

Licensed Embalmer No. 4343

P. O. Address Maplewood Mo.

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.