S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN - 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40541

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 282

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: Highway 450 West 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole Wylashi 999

(c) City or town Fort Leonard Wood Mo. 36
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME A A Biondi

3. (b) If veteran, name war .....

3. (c) Social Security No. unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 9 unknown

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased August (Month) 29th (Day) 1918 (Year)

8. AGE:

Years	Months	Days	If less than one day
24	3	24	..... hr. ..... min.

9. Birthplace Philadelphia (City, town, or county) Pa. (State or foreign country) 1

10. Usual occupation Soldier

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) ..... (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ..... (State or foreign country) 9

16. (a) Informant Identification Cards

(b) Address .....

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/23/42 (Month) (Day) (Year)

(c) Place: ~~burial or cremation~~ Robla, Mo.

18. (a) Signature of funeral director Sylvester Dulle

(b) Address J. C. Mo

19. (a) 12-23-42 (Date received local registrar) (b) Norma Richter (Registrar's signature)

894

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 23
year 1942 hour unknown

21. I hereby certify that I attended the deceased from no attendance, 19....;
that I last saw h... alive on not, 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gas asphyxiation	
Due to	
Due to	178 a
Other conditions (Include pregnancy within 3 months of death)	14
Major findings: Of operations	
Of autopsy no	

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) 121

(b) Date of occurrence Dec 23-42

(c) Where did injury occur? Jeff City (City or town) Cole (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Tourist Camp (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Edw Mansur Coroner (M. D. or other)

Address Jefferson City MO Date signed 12-24-42

(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. Did not embalm

Signed.....

Licensed Embalmer No.....

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.

U. S. No. 2
DM—9-4-41
Rev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No. 39

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: - - -
(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 Pennsylvania (b) County Philadelphia

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

(d) Street No. 631 Plum St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME AUGUST A. BIONDI (Pfc)

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

3. (c) Social Security No. - - -

4. Sex Male

5. Color or race Italian

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 August (Month) 29 (Day) 1912 (Year)

8. AGE: Years 30 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation Soldier-U.S.Army-32070167

11. Industry or business Btry C, 43rd Field Artillery

FATHER
12. Name Louis Biondi
13. Birthplace Unknown (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Italy (State or foreign country)

16. (a) Informant U. S. Army Records
(b) Address Fort Leonard Wood, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation Vineland New Jersey

18. (a) Signature of funeral director S. C. Null
(b) Address Rolla Missouri

19. (a) 12/24/42 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1942 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from - - - , 19 , to - - - , 19 ; that I last saw h alive on - - - , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxia	—
Due to Heating gas from unlit stove	12 hours?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Petechial hemorrhages of serous surfaces	

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) accident

(b) Date of occurrence December 23, 1942

(c) Where did injury occur? Jefferson City, Cole, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Tourist Cabin (Specify type of place)

While at work? No (e) Means of injury

23. Signature [signature] Capt MC (M. D. or other) MD

Address Ft Leonard Wood, Mo Date signed 12/24/42

(Licensed Embalmer's Statement on Reverse Side)

S-40541

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. 3297

P. O. Address Rolla, 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.

V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1943

CORRECTED

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No. 39

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: - - -
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Pennsylvania (b) County: Philadelphia
(c) City or town: Philadelphia
(If outside city or town limits, write "RURAL")
(d) Street No.: 631 Plum St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: AUGUST A. BIONDI (Pfc)

3. (b) If veteran, name war: - - -

3. (c) Social Security No.: - - -

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: August (Month) 29 (Day) 1918 (Year)

8. AGE: Years 24 Months 3 Days 24 If less than one day hr. min.

9. Birthplace: Philadelphia (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation: Soldier-U.S.Army-32070167

11. Industry or business: Btry C, 43rd Field Artillery

FATHER
12. Name: Louis Biondi
13. Birthplace: - - - (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name: - - -
15. Birthplace: - - - (City, town, or county) Italy (State or foreign country)

16. (a) Informant: U. S. Army Records
(b) Address: Fort Leonard Wood, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Dec.29,1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Sacred Heart Cem Vineland, N. J.

18. (a) Signature of funeral director: S. C. NULL
(b) Address: Rolla, Missouri

19. (a) 12/24/42 (Date received local registrar) (b) T.R.Failmezger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1942 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from - - , 19..., to - - , 19...;
that I last saw h... alive on - - , 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia — Duration

Due to: Heating gas from unlit stove — 12 hours

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Petechial hemorrhages of serous surfaces

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): Accident
(b) Date of occurrence: December 23, 1942
(c) Where did injury occur? Jefferson City, Cole, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Tourist Cabin (Specify type of place)
While at work? No (e) Means of injury

23. Signature: Miles E. Foster, Capt. M.C. — M.D. (M. D. or other)
Address: Ft. Leonard Wood, Mo. Date signed: 12/24/42

(Licensed Embalmer's Statement on Reverse Side)

5-40541

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. 3394

P. O. Address Rolla, 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.