S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17943

FILED JUN 3 1946

Registration District No. 3 Primary Registration District No. 3069 Registrar's No. 1149

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4176 Flad Ave 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sandra Maria Biondo
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
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 April (Month) 11 (Day) 1946 (Year)

8. AGE: Years | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Lawrence Biondo
13. Birthplace Indianapolis (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name Rosalia Grisaffa
15. Birthplace Clarkbury (City, town, or county) West. Virg. (State or foreign country)
16. (a) Informant Lawrence Biondo
(b) Address 4176 Flad
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P Miceli - Sons.
(b) Address 1150 N. Kingshighway B lvd.
19. (a) 5-27-46 (Date received local registrar) (b) E G McGarrow M D (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1946 hour 500 minute P M.
21. I hereby certify that I attended the deceased from 5/20, 1946, to 5/24, 1946 that I last saw him alive on 5/24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital Heart Disease	Life
Atelectasis right lung	Life
Due to	
Due to 15	
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 Vis M E Hedlecker (M.D. or other) M.D.
Address 508 N. Grand Blvd Date signed 5/25

(Licensed Embalmer's Statement on Reverse Side)

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

Hedlecker 16822

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.....

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.