2. No. 300
v. 10.48

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18507 4468

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Collinsville 8120
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Oberto
c. (Last): Sr

4. DATE OF DEATH (Month) (Day) (Year): 5-18-1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2
8. DATE OF BIRTH: 6-7-1872
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent
10b. KIND OF BUSINESS OR INDUSTRY: Mound City Beer
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Dominick Oberto
13b. MOTHER'S MAIDEN NAME: Johanna Mezzano
14. NAME OF HUSBAND OR WIFE: Saline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Joseph Oberto Jr.
ADDRESS: Maryville Ill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Changes
ANTECEDENT CAUSES
(Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.)
DUE TO (b) of Senility
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Intertrochanteric fracture Left femur.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
812

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): fall
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Collinsville Ill
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5/3/50 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: fell in house

22. *I hereby certify that I attended the deceased from* 5/3/50, 19__ *to* 5/17, 19 50, *that I last saw the deceased alive on* 5/17, 19 50 *and that death occurred at* 6:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice B. Roche, M.D.
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 5-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-18-50
24c. NAME OF CEMETERY OR CREMATORY: Fairland Cem
24d. LOCATION (City, town, or county) (State): Collinsville - Ills

DATE REC'D BY LOCAL REG. MAY 19 1950
REGISTRAR'S SIGNATURE: J. B. Bastaten

25. FUNERAL DIRECTOR'S SIGNATURE: Rowland Mortuary Service Inc.
ADDRESS: Manchester Ave. St. Louis 10, Mo.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis 10 Mo

Signed.....
Student Embalmer

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.