

FILED JUL 18 1950

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS  
STANDARD CERTIFICATE OF DEATH

24530

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **59271**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		b. COUNTY <b>Illinois</b>	
c. LENGTH OF STAY (In this place) <b>24 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Granite City</b> <i>8120</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1928 Grand Ave.</b>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Joseph</b>	b. (Middle)	c. (Last) <b>Barbieri</b>	(Month) (Day) (Year) <b>July 11 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 4th, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meter Tester</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 6 months</b>	9. AGE (In years last birthday) Months Days <b>68 3 7</b>
11. BIRTHPLACE (State or foreign country) <b>Italy</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Nicholas Barbieri</b>	13b. MOTHER'S MAIDEN NAME <b>Magdalena Petrillo</b>	14. NAME OF HUSBAND OR WIFE <b>Carmelia Barbieri</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>333-03-2874</b>	17. INFORMANT'S SIGNATURE OR NAME <i>Lucy M. Lucido</i>	ADDRESS <b>Madison, Ill.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b>		<b>2 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Renal insufficiency</b> DUE TO (c) <b>Intestinal obstruction</b>		<b>2 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4 weeks</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Pelvic mass in abdomen (Supp report)</b>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Madison, Ill.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>692xk</b>
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22. I hereby certify that I attended the deceased from **June 16, 1950**, to **July 11, 1950**, that I last saw the deceased alive on **July 11, 1950**, and that death occurred at **4:21 a.m.**, from the causes and on the date stated above. *over*

23a. SIGNATURE <i>FR Bradley</i>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Barnes Hospital</b>	23c. DATE SIGNED <b>7/11/50</b>
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24a. BURIAL, CREMATION, REMOVAL <b>Removal Madison, Ill</b>	24b. DATE <b>7/11/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>Edwardsville, Illinois</b>
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DATE REC'D BY LOCAL REG. <b>JUL 1 1950</b>	REGISTRAR'S SIGNATURE <i>J. B. Parson</i>	5. FUNERAL DIRECTOR'S SIGNATURE <i>Francis J. Sahley</i>	ADDRESS <b>Madison, Ill.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No.....

Licensed Embalmer No. 2795

P. O. Address Madison Ill

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.