

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44093

State File No. _____

Registrar's No. **11872**

BIRTH NO. 21690 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

FILED JAN 12 1954

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis Missouri</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 hr 7 min</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Missouri 490</u>		d. STREET ADDRESS (If rural, give location) <u>7637 Lindbergh Dr.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Biondo</u> c. (Last) <u>Biondo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12-15-53</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Basil Biondo</u>		13b. MOTHER'S MAIDEN NAME <u>Felice Ann Bartolotta</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Basil Biondo</u> ADDRESS <u>7637 Lindbergh Dr.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature rupture of membranes</u> DUE TO (c) <u>precipitating labor at about 6 months</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? <u>7615</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>12-15-1953</u> , to <u>12-15-1953</u> , that I last saw the deceased alive on <u>12-15-1953</u> , and that death occurred at <u>5:15 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Askerin M.R.</u> (Degree or title)		23b. ADDRESS <u>2632 St. Kuyshway</u>		23c. DATE SIGNED <u>12-16-53</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 16 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Alcaterra</u>		ADDRESS <u>5140 Daggett Ave</u>

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

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.