

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010484
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 34

FILED APR 9 1959

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Wisconsin</u> b. COUNTY <u>Milwaukee</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fort Leonard Wood</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Milwaukee</u> <u>8480</u> <u>8</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>US Army Hospital</u>		Length of stay in lb --	d. STREET ADDRESS <u>732 E Day Avenue</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Edmund</u> Last <u>Galdabini</u>			4. DATE OF DEATH Month <u>March</u> Day <u>29</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>30 Oct 1936</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY --	9. AGE (In years last birthday) <u>22</u>
13. FATHER'S NAME <u>Angelo Galdabini</u>		11. BIRTHPLACE (City and state or country) <u>Milwaukee, Wisconsin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>398-32-1385</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
17. INFORMANT <u>B S WYSOCKI, Maj MSC</u>		Address <u>US Army Hospital Ft Leonard Wood, Mo</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Pulmonary edema</u>			
DUE TO (c) <u>Meningococcal meningitis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>0570</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <u>10:40</u> Month, Day, Year a. m. <u>P</u> p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Ft Leonard Wood, Missouri</u>
21. I attended the deceased from <u>26 Mar 59</u> to <u>29 Mar 59</u> and last saw <u>him</u> alive on <u>29 Mar 59</u> Death occurred at <u>10:40 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. Baruch</u> H. BARUCH, Capt MC		22b. ADDRESS <u>US Army Hospital Ft Leonard Wood, Missouri</u>	22c. DATE SIGNED <u>30 Mar 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Mar 31 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Milwaukee, Wisconsin</u>
24. FUNERAL DIRECTOR <u>E. J. Edges</u> EDGES FUNERAL HOMES INC CROCKER		25. DATE RECD. BY LOCAL REG. <u>MO 3-30-59</u>	26. REGISTRAR'S SIGNATURE <u>Yvonne...</u>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.