JRL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8021

-60-031818
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: 8 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Louis- Little Rock Hospitals, Inc.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Madison
c. CITY OR TOWN: Collinsville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 901 N. Center St
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Pete Middle: Last: Appino
4. DATE OF DEATH: Month: August Day: 13 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-11-1908
9. AGE (last birthday): 52
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Christopher, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Peter Appino
13b. MOTHER'S MAIDEN NAME: Maria Chiarottino
14. NAME OF HUSBAND OR WIFE: Wife- Verna Quaren ghi
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 342- 01- 8113
17. INFORMANT: Verna Appino Address: Collinsville, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma Recto Sigmoid
DUE TO (c): 154+
INTERVAL BETWEEN ONSET AND DEATH: 1958 —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 5 1960 to Aug. 13. 1960 and last saw him alive on Aug. 12, 1960
Death occurred at 3.25 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward J Jordan (Degree or title) MD.
22b. ADDRESS: 1755 So Grand Blvd
22c. DATE SIGNED: 8-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/16/60
23c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul
23d. LOCATION (City, town, or county) (State): Collinsville, Illinois

24. FUNERAL DIRECTOR: H. Kassly ADDRESS: Collinsville, Ill
25. DATE RECD. BY LOCAL REG.: AUG 15 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Not Embalmed

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 6890

P. O. Address Collinsville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.