RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-039531
STATE FILE NUMBER

XC-3855 667 Registration District No. 318 SL 15904 Primary Registration District No. 1003 Registrar's No. 10608

FILED NOV 1 0 1960

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N.Grand,St.Louis,Mo.
Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET. ADM. HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Macoupin
c. CITY OR TOWN: Benld
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 404 So. Main St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MIKE Middle Last BERTORELLO
4. DATE OF DEATH: Month NOVEMBER Day 1 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/23/98
9. AGE (last birthday): 62
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): SHOT BLASTING
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): IRON BELT, WISCONSIN
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JAMES BERTORELLO
13b. MOTHER'S MAIDEN NAME: MARY RONCHETTI
14. NAME OF HUSBAND OR WIFE: IRENE BERTORELLO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: 343-07-8871
17. INFORMANT: IRENE BERTORELLO Address: 404 S. Main Benld, 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): ? ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): GENERALIZED ARTERIOSCLEROSIS — 3 Years
DUE TO (c): 420.1
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/VA attended the deceased from 10/20/60, to 11/1/60 and last saw him alive on 11/1/60
Death occurred at 6:31 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: J. W. LOVE, (Degree or title): M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 11/1/60
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11/3/60
23c. NAME OF CEMETERY OR CREMATORY: Benld CityCemetery
23d. LOCATION (City, town, or county) (State): Benld, Illinois
24. FUNERAL DIRECTOR: UNION FUNERAL HOME BENLD, ILLINOIS ADDRESS
25. DATE RECD. BY LOCAL REG.: NOV 2 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 41 0

P. O. Address _____

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