

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 Primary Registered No. 1003 Registrar's No. 1466 -61-006499 STATE FILE NUMBER

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

Registration District No. _____
FILED VS FEB 2 8 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b _____
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Johns 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 **Gillespie** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **412 So. Madison** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Fred Girardini **Feb. 13, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **6/28/1883** 9. AGE (last birthday) **77** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Bar tender** 10b. KIND OF BUSINESS OR INDUSTRY **Tavern** 11. BIRTHPLACE (City and state or country) **Italy** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Kate**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No.** 16. SOCIAL SECURITY NO. **Nil.** 17. INFORMANT **William Girardini, Benld, Illinois.** Address _____

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 gangrene of Right arm**
 DUE TO (b) **gas bacillus**
 DUE TO (c) **063X**
 INTERVAL BETWEEN ONSET AND DEATH **30 hours**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Generalized arteriosclerosis + arteriosclerotic heart**
 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 Month, Day, Year
 a.m. p.m.

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 **Jan - 1950** to **Feb. 13-61** and last saw him alive on **2-13-61**
 Death occurred at **3 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Charles Montani M.D.** 22b. ADDRESS **5147 Daggett Ave.** 22c. DATE SIGNED **2-13-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **2-16-61** 23c. NAME OF CEMETERY OR CREMATORY **Holy Cross Cemetery** 23d. LOCATION (City, town, or county) (State) **Gillespie, Illinois.**

24. FUNERAL DIRECTOR ADDRESS **Albert H. Hoppe Inc., 4700 Washington, Blvd.** 25. DATE RECD. BY LOCAL REG. **FEB 14 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith M.D.**

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 _____
Signature of Student Embalmer

Signed Harvey Kahles

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.