

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034166

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8517**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 29 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 11 days		c. CITY OR TOWN Collinsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri-Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 108 Gauen Ave	
3. NAME OF DECEASED (Type or print) BERT TENDONE			4. DATE OF DEATH August 20, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/19/81	9. AGE (last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining Coal		11. BIRTHPLACE (City and state or country) Corio, Torino, Italy	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph Tendone		13b. MOTHER'S MAIDEN NAME Catherine (unknown)	
14. NAME OF HUSBAND OR WIFE Mrs. Mary Tendone		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Joe Tendone		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydro-pyso-nephrosis c		INTERVAL BETWEEN ONSET AND DEATH 3 wks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) uremia		DUE TO (c) metastatic Colon Carcinoma		3 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a) Small Subdural hematoma - lf			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.) 153.8			
20c. TIME OF INJURY Hour [REDACTED] a.m. / p.m. Month, Day, Year		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		COUNTY STATE	
21. I attended the deceased from Aug 11, 1963 to Aug 20, 1963 and last saw her/him alive on Aug 19, 1963 Death occurred at 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Richard Glover MD		22b. ADDRESS 3720 Washington		22c. DATE SIGNED 8/21/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-21-63		23c. LOCATION (City, town, or county) (State) St. John Cemetery Collinsville, Illinois.	
24. FUNERAL DIRECTOR Herr Funeral Home, Collinsville, Ill.		25. DATE RECD. BY LOCAL REG. AUG 22 1963		26. REGISTRAR'S SIGNATURE Ed Smith, M.D.	

