V. S. No. 2
M—11-10-39
ev. 5-17-40
I xx-1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13000

Registrar's No. 3202

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5559 St. Edwards (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days) 2 yr. 11

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 6
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 5559 St. Edwards (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Catherine Biondi

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Louis Biondi

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: November (Month) 25 (Day) 1857 (Year)

8. AGE: Years 82 | Months 4 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: At Home

MOTHER FATHER

12. Name: William Hunicke
13. Birthplace: Germany (City, town, or county) (State or foreign country)

14. Maiden name: Catherine Sinder
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Irene Wood
(b) Address: 5559 St. Edward

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 8 (Month) 1940 (Day) (Year)
(c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director: Chas. E. Stuart
(b) Address: 1225 Union Blvd.

19. (a) APR 8 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1940 hour 9 minute 7 A. M.

21. I hereby certify that I attended the deceased from Jan 1938 to April 5 1940 that I last saw h. alive on April 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): Senility

Major findings:
Of operations:
Of autopsy: None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Geo. J. Hanlon (M. D. or other) N.D.
Address: 1900 Rell Date signed 4-5-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Albert E. Stoppa

Licensed Embalmer No. 2971

P. O. Address.....

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 this body is not embalmed, above space should be left blank.