

FILED DEC 13 1946

Registration District No. **17**

Primary Registration District No. **6076**

Registrar's No. **3477**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Jefferson Barracks**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Since 7-31-46**
 (Specify whether years, months or days) **33 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Montgomery 777**
 (c) City or town **Hillsboro 11**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Route # 2**
 (If rural, give location)
 (e) Citizen of foreign country? **Unknown** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **MONDIN, Angelo**

3. (b) If veteran, name war **World I** 3. (c) Social Security No. **321208256**

4. Sex **Male /** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Virginia Mondin** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **August 15, 1890**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	3	22	hr. min.

9. Birthplace **Italy** (City, town, or county) (State or foreign country)

10. Usual occupation **Miner**

11. Industry or business **Unknown**

12. Name **Unknown** 9.

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hosp.**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Removal** (b) Date thereof **12-9-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillsboro, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe Und.Co.**

(b) Address **4700 Washington St. Louis, Missouri**

19. (a) **12-12-46** (b) **Arthur J. Allen M.D.**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **7**
 year **1946** hour **9:55** minute **P** M.

21. I hereby certify that I attended the deceased from **7-31-46** 19... to **12-7-46** 19...
 that I last saw him alive on **December 7** 19 **46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL HEMORRHAGE**

Due to **53**

Other conditions **CARCINOMATOSIS, GENERALIZED**
 (Include pregnancy within 3 months of death)
(EPIDERMOID CARCINOMA)

Major findings:
 Of operations **No Operation**

Of autopsy **No Autopsy**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **No**
 (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?

While at work (Specify type of place) (Date of injury)
 Signature **L. E. SILWELL, M.D.**
 Address **Vet. Adm. Hosp. Jeff. Brks., Mo.** (M. D. or other)
 Date signed **12-9-46**

COPY CONTAINING BLACK INK - MAKE A PERMANENT RECORD

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 *J. W. Wilkinson*
Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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