

FILED DEC 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. **38514**
9889
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILL b. COUNTY MADISON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) 2 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLLINSVILLE			
d. FULL NAME OF HOSPITAL OR INSTITUTION De PAULIS				e. STREET ADDRESS (If rural, give location) 665 BURROUGHS			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) E		c. (Last) BERTOLERO		4. DATE OF DEATH (Month) (Day) (Year) NOV 15 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 29 1879		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED GARDNER		10b. KIND OF BUSINESS OR INDUSTRY GARDENING		11. BIRTHPLACE (State or foreign country) ITALY		12. CITIZEN OF WHAT COUNTRY? 5	
13a. FATHER'S NAME Baptiste BERTOLERO		13b. MOTHER'S MAIDEN NAME KATHERINE BOSOLO		14. NAME OF HUSBAND OR WIFE MINNIE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 343 10 1983		17. INFORMANT'S SIGNATURE OR NAME Charles H. Klein ADDRESS 665 Burroughs Collinville Ill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Silic anthracosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) working in coal mine DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Regit shi ends corditis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Many years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION No. operation		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) W		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) ILL			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 52			
22. I hereby certify that I attended the deceased from Jan 29 1945 , to 11/15 1949 , that I last saw the deceased alive on 11/14 1949 , and that death occurred at 4:15 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Commerkane M.D.				23b. ADDRESS 1117 N. Grant St. Louis		23c. DATE SIGNED 11/15/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE NOV 20 49		24c. NAME OF CEMETERY OR CREMATORY ST. JOHNS		24d. LOCATION (City, town, or county) (State) COLLINSVILLE ILL	
DATE REC'D BY LOCAL REG. NOV 16 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Vincent Hess ADDRESS Collinsville Ill.			

WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank Prokoff
.....

Licensed Embalmer No. 4356

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