

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42298

State File No.

10769

No. 300

10.48

#106066

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY 260				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 6		c. LENGTH OF STAY (in this place) 8 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS W 11		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 25 - 1725 FRANKLIN W 10				
3. NAME OF DECEASED (Type or Print) a. (First) ANTHONY b. (Middle) AMBELE c. (Last) BORTOLUSSI (BORTOLUSI)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 11th, 1949			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 20 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ODD JOBS		10b. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED		11. BIRTHPLACE (State or foreign country) ITALY 5		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ANDREW BORTOLUSSI		13b. MOTHER'S MAIDEN NAME HELEN (UNKNOWN)		
14. NAME OF HUSBAND OR WIFE MARY BRAIX		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. 497-05-7458		
17. INFORMANT'S SIGNATURE OR NAME Margaret Kelly		18. ADDRESS 2331 MULLANPHYST				
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumo-pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 107		
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? HIT BY TRAIN		
22. I hereby certify that I attended the deceased from 12/4/49 19, to 12/11/49 19, that I last saw the deceased alive on 12/11/49 19, and that death occurred at 8:45 PM, from the causes and on the date stated above.						
23a. SIGNATURE John W. Murphy		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 12/12/49		
24a. BURIAL (REMOVAL) (Specify) BURIAL		24b. DATE DEC 16, 1949		24c. NAME OF CEMETERY OR CREMATORY CALVARY		
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly		25. ADDRESS 4386 LINDELL BLVD		
DATE REC'D BY LOCAL REG. DEC 14 1949		REGISTRAR'S SIGNATURE J. B. Fosater		25. ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph W. Henson

Licensed Embalmer No. 9791

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.