

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35418  
Registrar's No. 8631

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri<br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis                                   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3024 Abner Place.                              |  | d. STREET ADDRESS (If rural, give location) 3024 Abner Place   |  |

|  |            |             |  |   |
|--|------------|-------------|--|---|
| 3. NAME OF DECEASED (Type or Print) Vincenza Ventimiglia | a. (First) | b. (Middle) | c. (Last) also known as Francis Biondo | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 11. 50 |
|--|------------|-------------|--|---|

|               |                        |  |                                 |                                    |                          |                           |
|---------------|------------------------|--|---------------------------------|------------------------------------|--------------------------|---------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | 8. DATE OF BIRTH April 26, 1895 | 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months 5 | IF UNDER 24 HRS. Hours 15 |
|---------------|------------------------|--|---------------------------------|------------------------------------|--------------------------|---------------------------|

|   |  |   |                              |
|---|--|---|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Button Sewerer Marx | 10b. KIND OF BUSINESS OR INDUSTRY & Hass Cl. Co. | 11. BIRTHPLACE (State or foreign country) Italy | 12. CITIZEN OF WHAT COUNTRY? |
|---|--|---|------------------------------|

|                                     |   |                                    |
|-------------------------------------|---|------------------------------------|
| 13a. FATHER'S NAME Salvatore Biondo | 13b. MOTHER'S MAIDEN NAME Francesca Palazzola | 14. NAME OF HUSBAND OR WIFE George |
|-------------------------------------|---|------------------------------------|

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|--|-------------------------------------|---|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. 500-26-7125 | 17. INFORMANT'S SIGNATURE OR NAME <i>Vincenza Ventimiglia</i> | ADDRESS 3024 Abner Place |
|--|-------------------------------------|---|--------------------------|

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|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left breast  |  | INTERVAL BETWEEN ONSET AND DEATH 6 years |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Generalized metastases |  |  |
|   | DUE TO (c) Anorexia; cachexia  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
|--|--|---|

|  |  |                                 |
|--|--|---------------------------------|
| 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? 170X |
|--|--|---------------------------------|

22. I hereby certify that I attended the deceased from Jan. 19 50, to October, 19 50, that I last saw the deceased alive on Oct. 6, 19 50, and that death occurred at 9 p. m., from the causes and on the date stated above.

|   |                   |                                     |                                |
|---|-------------------|-------------------------------------|--------------------------------|
| 23a. SIGNATURE Bart M. Passanante, M.D. | (Degree or title) | 23b. ADDRESS 539 W. Grand St. Louis | 23c. DATE SIGNED Oct. 12, 1950 |
|---|-------------------|-------------------------------------|--------------------------------|

|  |                         |   |   |
|--|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 14, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
|--|-------------------------|---|---|

|  |                                     |   |                          |
|--|-------------------------------------|---|--------------------------|
| DATE REC'D BY LOCAL REGISTRY OCT 13 1950 | REGISTRAR'S SIGNATURE J. B. Lazarus | FUNERAL DIRECTOR'S SIGNATURE Daniel Kiehl | ADDRESS 1431 Union Blvd. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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, fact should be so stated above.