

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12783
Registrar's No. 3471

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Jackson</u>	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>Dowell 8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CESARE</u>	b. (Middle) <u>AUGUSTO</u>	c. (Last) <u>BERNARDINI</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>APRIL 10 1951</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-14-1980</u>	9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>5</u>	11. DAYS <u>5</u>	12. HOURS <u>5</u>	13. MIN. <u>5</u>
--------------------	-------------------------------	---	-----------------------------------	---	---------------------	-------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>	11. BIRTHPLACE (State or foreign country) <u>Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Joe Bernardini</u>	13b. MOTHER'S MAIDEN NAME <u>Antonia Bucco</u>	14. NAME OF HUSBAND OR WIFE <u>Linda</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE, OR NAME <u>Linda Bernardini Dowell</u>	ADDRESS <u>Ill</u>
--	-------------------------	---	--------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crancho-pneumonia</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Debilitation</u> ? DUE TO (c) <u>Generalized arteriosclerosis</u> ?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Degeneration of Basal Ganglia</u> ?			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H500</u>
--	--	--

22. I hereby certify that I attended the deceased from April 8, 1951, to April 10, 1951, that I last saw the deceased alive on April 10, 1951, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald H. Finger M.D.</u>	23b. ADDRESS <u>Barnes Hospital</u>	23c. DATE SIGNED <u>April 11, 1951</u>
---	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-11-51</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Duquoin Illinois</u>
--	--------------------------	------------------------------------	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 13 1951</u> <u>J.B. Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Services Inc.</u> St. Louis 10, Mo.
--	---

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ronald E. Yahnke

Signed.....
Student Embalmer

Licensed Embalmer No. *2917*

P. O. Address *St. Louis 10 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.