

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20201**  
Registrar's No. **4507**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO:</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>26 1808 Warren 2269</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Phillip</b> c. (Last) <b>Biondo</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 18, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>Never married</b>	8. DATE OF BIRTH <b>Oct. 28, 1916</b>	9. AGE (In years last birthday) <b>7</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>-----</b>

13a. FATHER'S NAME <b>Lawrence Biondo</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Tocco</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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 ADDRESS <b>Lawrence Biondo 1808 Warren</b>

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, asphyxia, 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) <b>Skull Fracture; Brain Injury</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO <b>suffered when struck by car operated by one Walter Meyer in front of about 1514 Benton Street, about 440 pm. May 17th 1954</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>-----</b>
	DUE TO (c) _____		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 17 54 4:40 pm</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E 812.4</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:37 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Catriek E Taylor Coronel</b> (Degree or title)	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>5.20.54</b>
------------------------------------------------------------------	--------------------------------	---------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 21, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
-------------------------------------------------------	-------------------------------	------------------------------------------------------------	---------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>MAY 20 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>p. Miceli 1150 No. Kingshighway</b>
---------------------------------------------	--------------------------------------------	---------------------------------------------------------------------------------

WRITE PLAINLY—USING UNFADEING 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.....  
Signature of Student Embalmer

Signed *Paul A. Wachter*.....

Licensed Embalmer No...*478*...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.