

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10536
State File No. *10536*

BIRTH NO. *27509-53* REG. DIST. NO. *317* PRIMARY REG. DIST. NO. *547* Registrar's No. *721*

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY OR TOWN <i>Richmond Heights</i>		c. CITY OR TOWN <i>Richmond Heights Dr. #495</i>	
c. LENGTH OF STAY (in this place) <i>1 DAY</i>		d. STREET ADDRESS (If rural, give location) <i>7637 Lindberg Dr.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Baby Elizabeth</i> b. (Middle) <i>Biondo</i> c. (Last) <i>Biondo</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 25, 1955</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>	8. DATE OF BIRTH <i>March 24, 1955</i>	9. AGE (In years last birthday) <i>9</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>1</i>	IF UNDER 28 HRS. Hours <i>1</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	11. BIRTHPLACE (State or foreign country) <i>Richmond Heights Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>James Biondo</i>	13b. MOTHER'S MAIDEN NAME <i>Felicia Bartolotta</i>	14. NAME OF HUSBAND OR WIFE <i>NONE</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>	16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT'S SIGNATURE OR NAME <i>James Biondo</i>	ADDRESS <i>7637 Lindberg Dr.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Immaturity</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Premature labor - 5-6 min.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *24 min*, 1955, to *25 min*, 1955, that I last saw the deceased alive on *25 min*, 1955, and that death occurred at *1:30 P m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Lee C. Hall</i> (Degree or title) <i>M. D.</i>	23b. ADDRESS <i>634 N. Grand Ave.</i>	23c. DATE SIGNED <i>26 Mar 55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>March 29, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>3/29/55</i>	REGISTRAR'S SIGNATURE <i>Robert H. Lambke, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>P. Miceli</i>	ADDRESS <i>1150 No. Kingshighway</i>
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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.....

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.