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FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39142

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2677

1. PLACE OF DEATH **St. Louis**
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If death occurred elsewhere before death, give residence before death.)
a. STATE **MISSOURI** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **CLAYTON MO** c. LENGTH OF STAY (in this place) **13 days**
c. CITY OR TOWN **BRENTWOOD** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST LOUIS COUNTY**
e. STREET ADDRESS (If rural, give location) **8746 Agnes Ave**

3. NAME OF DECEASED (Type or Print) a. (First) **DORNE** b. (Middle) **L** c. (Last) **MONDRINE**
4. DATE OF DEATH (Month) (Day) (Year) **11 13 55**

5. SEX **MALE** 6. COLOR OR RACE **NEGRO** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **6 AUGUST 1894** 9. AGE (In years last birthday) **61** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CITY EMPLOYEE** 10b. KIND OF BUSINESS OR INDUSTRY **HAULING** 11. BIRTHPLACE (City and State or Foreign Country) **MISSISSIPPI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JACK MONDRINE** 13b. MOTHER'S MAIDEN NAME **JUDIE** 14. NAME OF HUSBAND OR WIFE **(unknown) MAGGIE MONDRINE AGNES**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **499-01-327** 17. INFORMANT'S SIGNATURE OR NAME **Maggie Mondrine** ADDRESS **8746 Agnes Ave**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **(a) Intercurrent heart disease**
INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
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. **Labar pneumonia, early**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **4200**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **10-27**, 1955, to **11-13**, 1955, that I last saw the deceased alive on **11-13**, 1955, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **G.E. Smith M.D.** (Degree or title) 23b. ADDRESS **601 So Brentwood** 23c. DATE SIGNED **11/15/55**

24a. DATE OF BURIAL OR CREMATION **19 Nov 55** 24b. DATE _____ 24c. NAME OF CEMETERY OR CREMATORY **FATHER DICKSON** 24d. LOCATION (City, town, or county) (State) **Kierwood No Sappington Mo**

DATE REC'D BY LOCAL REG. **11-15-55** REGISTRAR'S SIGNATURE **Herbert R. Dombke MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Theodore J. Gaudin** ADDRESS **1906 Edridge**

89. (Licensed Embalmer's Statement on Reverse Side) **John H. Brown 19 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Theodore S. Gander*.....

Licensed Embalmer No. *424*.....

P. O. Address *130 Eldredge
Helena, Mont*.....

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.