

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10673

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2840

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Illinois

b. COUNTY

Williams on

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St. Louis, Mo.

c. LENGTH OF STAY (In this place)

c. CITY OR TOWN

Johnston City

d. Is Residence within limits of a city or incorporated town?

Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

BARNES HOSPITAL

e. STREET ADDRESS (If rural, give location)

1109 Follis

§1208

3. NAME OF DECEASED (Type or Print)

a. (First)

Domenick

b. (Middle)

Joseph

c. (Last)

Endrizzi

4. DATE OF DEATH (Month) (Day) (Year)

March 19, 1956

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 16, 1896

9. AGE (In years last birthday)

59

10. UNDER 1 YEAR

11. UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Miner

10b. KIND OF BUSINESS OR INDUSTRY

Coal

11. BIRTHPLACE (City and State or Foreign Country)

Hazleton, Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Julia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT'S SIGNATURE OR NAME

Albert Endrizzi, 301 So. Olive

ADDRESS

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Carlsbad, N.M.

Carcinoma with metastases to brain

(primary site unknown)

INTERVAL BETWEEN ONSET AND DEATH

3 mos.

ANTECEDENT CAUSES

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

1997

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 March 12, 1956, to March 19, 1956, that I last saw the deceased alive on March 19, 1956, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

M. D.

23b. ADDRESS

BARNES HOSPITAL

23c. DATE SIGNED

3/20/56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

3-20-56

24c. NAME OF CEMETERY OR CREMATORY

Local

24d. LOCATION (City, town, or county)

Johnston City, Ill.

(State)

DATE REC'D BY LOCAL REG.

MAR 20 1956

REGISTRAR'S SIGNATURE

J. Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE

Albert H. Hoppe, 4700 Washington Blvd.

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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.....
John A. Deane

Licensed Embalmer No. *91*
P. O. Address *So. Louisiana*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.